# 118000067478

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### **COVER LETTER**

	Registration Se Division of Co			
erin mer	Home Rep	air Helpline, LLC	7	
SUBJEC	1:	Name of Lin	uted Liability Company	
		Amendment and fee(s) are sub	, and the second	
		Marc Ben-Ezra	to the following.	
			Name of Person	
		4600 Sheridan Street, Suit	Firm/Company e 303	
		Hollywood, FL 33021	Address	
		mben-ezra@flplg.com	City/State and Zip Code	<del></del>
			to be used for future annual report notit	ication)
for furthe Mare Ben		oncerning this matter, please c	all: 305 785-8840	
	Name o	f Person		: Telephone Number
inclosed i	is a check for th	ne following amount:		
<b>■</b> \$25.00	0 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Home Repair Helpline, LLC

FILED

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 2019 MAY -6 A IF ST The Articles of Organization for this Limited Liability Company were filed on March 14, 2018 and assigned Florida document number L1800067478 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Core Public Adjusters, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Cirv

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR Marc Ben-Ezra	Marc Ben-Ezra	4600 Sheridan Street, Suite 303 Hollywood, FL 33024	\ \ \
			■ Remove
			Change
MGR Isaac Properties, ELLP	Isaac Properties, LLLP	4600 Sheridan Street, Suite 303 Hollywood, FL 33021	■ Add
			Remove
			☐ Change
MGR Rhonda Coren	Rhonda Coren	4600 Sheridan Street, Suite 303 Hollywood, FL 33021	<u></u>
		☐ Remove	
			☐ Change
			□ Remove
			Change
		Remove	
		Change	
			☐ Remove
			□ Change

	ation, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
<del></del>	
<ul> <li>(If an effective date is listed, the date mu</li> </ul>	e date of filing:
f the record specifies a delaye b) The 90th day after the rec	d effective date, but not an effective time, at $12{:}01\ a.m.$ on the earlier of the cord is filed.
Dated May 1	2019
_ ~~	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
Marc Ben-Ezra	
	Typed or printed name of signee