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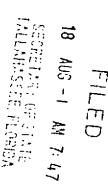
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~ CIMMONS

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Full House Public Adjusters, LCC. Name of Limited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Please return an correspondence concerning this matter to the following.				
Sohn Frenzese Name of Person				
Full house Public Adjusters, LLC.				
6212 Windless Circle				
Boynton Bach, FL. 33472 City/State and Zip Code				
City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
te-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Solar Fronzes at (561) 808 - 6607 Area Code Daytime Telephone Number				
Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
S25.00 Filing Fee S30.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) S25.00 Filing Fee S60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)				

MAILING ADDRESS:

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 OF

ame of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 7/13/18 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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.

If Changing Registered Agent, Signature of New Registered Agent

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			
Title	<u>Name</u>	Address	Type of Action
MGR	John Franzese	6212 Windloss C BoxMon Bogol, FL. 3	irclated
		BoxATON Bach, FL. 3.	34D
			Change
			Add
			Remove
			Change
			Add
			CARD AND
			Remove
			Change
			Add
			Remove
			□ Change
			Add
			Remove
			Change

If amending an	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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	Sign - m
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	DP 57
	7 -1
Effective date, i	if other than the date of filing: (optional)
(If an effective date in Note: If the date	is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (as inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	ctive date on the Department of State's records.
	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
) The 90th da	y after the record is filed.
-	21-19
Dated	-26-18
	Signature of a member or authorized representative of a member
	Standard of a member of administrative of a member
	John Frances.
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00