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Registration Section

TO:

Division of Cor	porations			
Citizens Pu	blic Adjusters LLC			
SUBJECT:	Name of Lam	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
		_		
Trease remain an evirença	manue concerning this matter	to the tomornia.		
	Pasquale Anthony Tardi			
		Name of Person Address Cuty/State and Zip Code Faddress: (to be used for future annual report notification) please call: 33139 Cuty/State and Zip Code Faddress: (to be used for future annual report notification) please call: 3630 Area Code Daytime Telephone Number Fee & S555.60 Fixing Fee & S60.00 Filing Fee.		
	Citizens Public Addresers I			
		Firm Company		
	1255 Collins Avenue, Unit			
		Address		
	Miami Beach, FL 33139			
		City/State and Zip Code	 	
	tardip@joisn.com	to be used the forms amount or set of	addication)	
For further information c	oncerning this matter, please e		iganicanomy	
Pasquale Anthony Tardi	-			
rasquare Annony raidi		at ()		
Name o	f Person	Area Code Day	time Telephone Number	
Enclosed is a check for the	ac following amount:			
■ \$25,00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	
Mailing Addres				
Registration 9 Division of C		-		
P.O. Box 632	•		•	
Tallahassee, l			roe Street, Suite 810	

Tatlahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Citizens Public Adjusters LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.18000243103	were filed on October 16, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	sility company here:	
PT Construction & Consulting LLC		
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1255 Collins Avenue, Unit 304	
(Principal office address MUST BE A STREET ADDRESS)	Miami Beach, FL 33139	
Enter new mailing address, if applicable:		2020 HAR
(Mailing address MAY BE A POST OFFICE BOX)		. 9
		P
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new fegistere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code

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

<u>Title</u>	Name	<u>Address</u>	Type of Action
			□ Add
			Remove
			□Change
			□Remove
			□ Change
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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this blodocument's effective date on the Document's	ock does not meet the a	ipplicable statutor	(ong or more than 90 days by filing requirements.	optional) after tiling.) Pursuant to this date will not be	605.020 listed as
record specifies a delayed effective d is filed.	e date, but not an effec	tive time, at 12:01	a.m. on the earlier o	f: (b) The 90th day (after the
Narch 64 Dated	2020	·			
Dated March 64	Ju - 1 ()	nÉx.			
<i>Y</i>)					
	Signature of a member of	authorized represe	ntative of a member		-

Filing Fee: \$25.00