

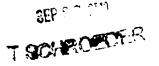
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(Document Number)	<del></del>
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## **COVER LETTER**

	gistration Se ision of Cor			
SUBJECT:		PUBLIC ADJUSTING, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		SEAN P KLING		
			Name of Person	
		AARAYA PUBLIC ADJU	JSTING, LLC	
		<del></del>	Firm/Company	
		6405 OLYMPIA AVENU	E	
			Address	
		TAMPA, FL 33634		
		SEANKLING79@GMAIL.	City/State and Zip Code	<del></del>
		_	to be used for future annual report no	tification)
For further in	nformation co	oncerning this matter, please ca	all:	
SEAN KLIN	√G		813 609-2328	
	Name of	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 F	Filing Fee	□ \$30.00 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:

Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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y here:
he designation "LLC" or the abbreviation "L.L.C."
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on our records, enter the name of the
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Florida street address
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, Florida

## 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	LIZETTE RIVERA	4221 W SPRUCE ST #2307 TAMPA, FL 33607	
			Remove
			Change
MGR	DAVID ESTEVEZ	8710 W HILLSBROUGH AVE #314. TAMPA, FL 33615	Add
			Remove
		<del></del>	Change
		<del> </del>	Add
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If amonding any other information		and the tra			
. If amending any other informatio	n, enter change(s) here: (	Allach additional sheets	, if necessary.)		
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Effective date, if other than the dat (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable	は、2019 te of filing or more than 90 de statutory filing requireme	_ (optional) ays after filing.) Purs nts, this date will	suant to 605 not be list	5.0207 (3) ed as the
the record specifies a delayed ef ) The 90th day after the record	fective date, but not ar is filed.	n effective time, at 12	2:01 a.m. on t	he earli	er of:
DatedSEPTEMBER 10	2019				
	Jak	,			
Sig	nature of a member or authorized				
SEAN P KLING					
	Typed or printed na	me of signee		<del>_</del>	