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SECRETARY OF STATE
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COVER LETTER

TO:	Registration Section Division of Corpora			
SUBJEC	BMB.	Adjusting,	,uc	
SOBJE	.i. <u> </u>		ted Liability Company	
The encl	osed Articles of Ame	endment and fee(s) are subm	nitted for filing.	
Please ro	turn all corresponder	nce concerning this matter to	to the following:	
		-		
	-	madeline (C. Boles	
			Name of Person	
	_	BMB Adu	isting, LC	
		4.1	rimizcompany	
		1416 Yello		
		2	Address	
	-	orlando) FL 32828	· · · · · · · · · · · · · · · · · · ·
		RMBAdusti	City/State and Zip Code	\sim
	-		o be used for future annual report notific	cation)
For furth	er information conce	erning this matter, please ca	ılı:	
Br	andan A	N. BOLES	at (770) 250 - Daytime T	9472 Telephone Number
Enclosed	l is a check for the fo	llowing amount:		
\$ \$25	00 Filing Fee C	\$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 Sect	ion	Street Address: Registration Sect	ion

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

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICIES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BMB Adjusting, LLC	
(Name of the Limited Liability Company as it now appears on our re- (A Florida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{7117}{2}$. Florida document number $\frac{L19000184531}{L19000184531}$.	2019 and assigned
This amendment is submitted to amend the following:	_
A. If amending name, enter the new name of the limited liability company here: COTOUST SERVICE The new name must be distinguishable and contain the words "Limited Liability Company," the designation "	LLC" or the abbreveron "L.L.C."
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, en agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ter the name of the new registere
Enter Florida street ad	dress
	Florida
City	хір Соав
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 provisions of all statutes relative to the proper and complete performance of my duties accept the obligations of my position as registered agent as provided for in Chapter 60 being filed to merely reflect a change in the registered office address. I hereby confirm company has been notified in writing of this change.	, and I am familiar with and 15, F.S. Or, if this document is

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	Address	Type of Action
			□ Add
			□ Remove
			Change
			□Add
			□Remove
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			SECRETARY OF TALLAHAS SEE
			JARY OF STATE AND SEE, FATE
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<u>te:</u> If th	he date inserted in seffective date on	this block does n	not meet the	applicable s					
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is filed.	ecifies a delayed e							: 90th d	ay after th
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		Signature (of a member	or authorized	representative	of a member			

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