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COVER LETTER

TO:

TO: Registration S Division of Co						
	laim Adjusting LLC	•				
SUBJECT:	Name of Limi	Name of Limited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	Kendra Gibbeineyer					
		Name of Person				
	Property Claim Adjusting	LLC				
		Firm/Company				
	23 Hilton Ave					
		Address				
	Exeter, NH 03833					
		City/State and Zip Code				
	Kendra.Gibbemeyer@yaho	o.com to be used for future annual report no	offication)			
For further information	e-mail address: (omeanony			
Kendra Gibbemeyer	Ç ,	603 793-7560				
Name of Person		at () Area Code Dayt	ime Telephone Number			
Enclosed is a check for	the following amount:					
■ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addi		Street Address: Registration S				
Registration Section Division of Corporations		Registration S Division of C				
P.O. Box 6	327	The Centre o	The Centre of Tallahassee			
Tallahassee	, FL 32314	2415 N. Mon	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 FED 28 FM 12: 45 Property Claim Adjustin LLC (Name 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 September 17th, 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: Property Claim Adjusting LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 2107 SW 57th Ter. Suite 7 Enter new principal offices address, if applicable: West Park, FL 33023 (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.

____, Florida ___

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
			□Add
			□Remove
			Change
			□Add
			Remove
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record specifies a delayed effect is filed.	ive date, but no	ot an effective	time, at 12:01	a.m. on the ca	tier of: (b) The	90th day after th	he
February 24th		2020					
alcu		5			-		
K	the .						
	Signature of a	member or auti	iorized represen	tative of a mem	ber		

Typed or printed name of signee