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COVER LETTER

TO:

TO: Registration Se Division of Cor			
SHRIECT. Proper	ty Claim Adj	usting LLC	£
SOBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Gibberneyer Name of Person	
	Property C	laim Adjusting Firm/Company	LLC
	23 Hilton	Ave	
	Exeter, NH	City/State and Zip Code Screeger & Jahoc to be used for future annual report notif	207
	Kendra, Giba E-mail address:	Scrieger O Jahoc to be used for future annual report notif	D. COM
For further information co	oncerning this matter, please co	all:	-
Kendra (Silbergeyr F Person	at (<u>603</u>) <u>793</u> Area Code Daytimo	- 7560 Signature - 7560
Enclosed is a check for th	ne following amount:		
\$25.00 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 Addres Registration S		Street Address: Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	
Tallahassee, I	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Property Claim F	ldjusting	LLC		
Name of the Limited Lin (A Flo	bility Company as it orida Limited Liability	now appears on our records.) Company)		
The Articles of Organization for this Limited Liabilit Florida document number <u>L19000728</u>	y Company were f 536	led on <u>September 17</u>	44 2019 and ass	igned
This amendment is submitted to amend the following	<u>;</u> :			
A. If amending name, enter the new name of the	limited liability co	mpany here:		
The new name must be distinguishable and contain the words "	Limited Liability Com	pany," the designation "LLC" or the	ne abbreviation "L.	.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office address her		s on our records, <u>enter the I</u>	name of the nev	<u>w registered</u>
Name of New Registered Agent:	Kendra	Gibbeneyer	2021	
New Registered Office Address:				
		Enter Florida street address	-6	•
 -		, Florida	Zin Code	
New Registered Agent's Signature, if changing Regist		•	Zip Code	
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an		ct in this capacity. I further	r agree to comp	ply with the

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(\$) 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
			Change
			□Add
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ffective date, if other an effective date is listed, ote: If the date inserted ocument's effective date	the date must be specific d in this block does no	and cannot be prior to o of meet the applicabl	late of filing or more than e statutory filing requi	(optional) n 90 days after filing.) I irements, this date w	Pursuant to 605.020 /ill not be listed a
record specifies a delay is filed.	ed effective date, but	not an effective time	, at 12:01 a.m. on the	earlier of: (b) The	90th day after the
ated June	30th	2021	. // _		
	Signature o	a member or authoriz	od representative of a m	ember	