## L20000034836

| (                    | Requestor's Name)       |        |
|----------------------|-------------------------|--------|
|                      | Address)                |        |
|                      | Address)                |        |
|                      | City/State/Zip/Phone #) |        |
| PICK-UP              | ☐ WAIT                  | MAIL   |
| (                    | Business Entity Name)   |        |
|                      | Document Number)        |        |
| Certified Copies     | Certificates of         | Status |
| Special Instructions | to Filing Officer:      | ::     |
|                      |                         |        |
|                      |                         |        |
|                      |                         |        |
|                      |                         |        |

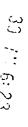
Office Use Only



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R. WHATE APR 1 4 2020



## **COVER LETTER**

TO:

| TO: Registration Se<br>Division of Cor |  |   |   |
|--|--|---|---|
| Lincoln Pul                            | belid Adjusting LLC                          |   |   |
| SUBJECT:                               | Name of Lim                                  | ited Liability Company  |   |
| The enclosed Articles of               | Amendment and fee(s) are sub                 | mitted for filing.  |   |
| Please return all correspo             | ondence concerning this matter               | to the following:   |   |
|  | Shneur Inglis                                |   |   |
|  |  | Name of Person  |   |
|  | Lincoln Public Adjusting I                   | LLC   |   |
|  |  | Firm Company  |   |
|  | 13499 Biscayne Blvd, Suit                    | e 213   |   |
|  |  | Address   |   |
|  | North Miami, Florida, 331                    | 81  |   |
|  |  | City/State and Zip Code   |   |
|  | Shawn@lincoInpublicadjus                     | <del>-</del>  |   |
|  |  | to be used for future annual report not                             | ification)  |
| For further information c              | oncerning this matter, please c              | all:  |   |
| Shneur Inglis                          |  | 954 9970397<br>at ()  |   |
| Name o                                 | f Person                                     | Area Code Daytin  | ne Telephone Number   |
| Enclosed is a check for the            | 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Addres Registration S          |  | <u>Street Address:</u><br>Registration Se                           | ection  |
| Division of C                          | orporations                                  | Division of Co.   | rporations  |
| P.O. Box 632<br>Tallahassee, 1         |  | The Centre of 2415 N. Monro   | Fallahassee<br>oe Street, Suite 810   |
| rananassee, i                          | No D≦UIT                                     | ZHID IN, MOHIO  | n succi, suite ord  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

|  | A Florida Limited Elability Company)                  | " 40                             |
|--|---|----------------------------------|
| The Articles of Organization for this Limited Li   | ability Company were filed on                         | and assigned                     |
| Florida document number  | ·   |                                  |
| This amendment is submitted to amend the follo   | wing:   |                                  |
| A. If amending name, enter the new name of   | the limited liability company here:                   |                                  |
| he new name must be distinguishable and contain the wa                                     | ords "Limited Liability Company," the designation "LL | .C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applica  | able:   |                                  |
| Principal office address MUST BE A STREE   | T ADDRESS)  |                                  |
|  |   |                                  |
| Enter new mailing address, if applicable:  | <del></del>   |                                  |
| Mailing address MAY BE A POST OFFICE I   | <u> </u>  |                                  |
|  |   |                                  |
| 3. If amending the registered agent and/or reagent and/or the new registered office addres |   | er the name of the new regist    |
| Name of New Registered Agent:  |   |                                  |
|  |   |                                  |
| New Registered Office Address:   |   |                                  |
| New Registered Office Address:   | Enter Florida street addre                            | esv                              |

## 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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>   | Address  | Type of Action    |
|--------------|---------------|--|-------------------|
| MGR          | Shneur Inglis | 13499 Biscayn Blvd Suite 213 North Mlami FL 3318 | 1<br><b>≣</b> Add |
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| ***  |  | -   |                             |                            |
| Tective date, if other than the  | date of filing:  |   | (option                     | aD                         |
| an effective date is listed, the date must ote: If the date inserted in this blooment's effective date on the De | be specific and cannot be pr<br>ck does not meet the app | ior to date of filing or<br>dicable statutory fil | more than 90 days after fil | ing.) Pursuant to 605.0207 |
| record specifies a delayed effective is filed.   | date, but not an effective                               | e time, at 12:01 a.n                              | n. on the earlier of: (b)   | The 90th day after the     |
| March 25th   | 2020   |   |                             |                            |
|  | A  |   |                             |                            |
|  |  |   |                             |                            |
|  | Signature of a number or au                              | ithorized representati                            | ve of a member              |                            |