## 120000227671

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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JAHUR 2022



December 15, 2021

PAUL BROWN 130 ENCLAVE AVE INDIAN HARBOUR BEACH, FL 32937

SUBJECT: SURFSIDE PUBLIC ADJUSTERS LLC

Ref. Number: L20000227671

We have received your document for SURFSIDE PUBLIC ADJUSTERS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You need to check one of the box next Manager's name (add, remove, change)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 121A00030305

Yasemin Y Sulker Regulatory Specialist III

www.sunbiz.org

## **COVER LETTER**

TO:

Registration Section

Division of C	orporations		
SURFSII	DE PUBLIC ADJUSTERS LLC		
SUBJECT:	Name of Lin	nited Liability Company	
77			
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Paul Brown		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	SURFSIDE PUBLIC ADJ	USTERS LLC	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	130 Enclave Ave		
	· · · · · · · · · · · · · · · · · · ·	Address	
	Indian Harbour Beach		
		City/State and Zip Code	
	ptbrown5200@yahoo.com		
	E-mail address: (	to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
Paul Brown		321 438-7960	
Name	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
	□ \$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 Addre Registration		<u>Street Address:</u> Registration Sc	ection
Division of 0	Corporations	Division of Co	rporations
P.O. Box 63 Tallahassee.		The Centre of 2415 N. Monro	Fallahassee be Street, Suite 810
rananassee.	132727	ATID IN MICHIC	te pricer princ 010

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SURFSIDE PUBLIC ADJUSTERS LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000227671</u>	were filed on $\frac{04/29/2}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the design	nation "LLC" or the abbreviation "L,L,C,"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		702.
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our recor	rds, enter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida si	treet address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agrovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pering filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capa performance of my o provided for in Chap	duties, and I am familiar with and ster 605, 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>	<u>Name</u>	Address	Type of Action
MGR	Guillermo A Reynes	3100 Cator Bay Cran B	√. ■Add
		Sant Clar A 134772	□Remove
			□Change
MGR	- Pml T. Brown		□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			[]Change
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			Remove
			□Change
			□Add
		□Remove	
			Change

	information, enter change(s) here: (Attach additional sheets, if necessary.)
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· <del></del> -	
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Effective date, if other t	han the date of filing:
If an effective date is listed, the Note: If the date inserted i	date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 in this block does not meet the applicable statutory filing requirements, this date will not be listed as
document's effective date	on the Department of State's records.
e record specifies a delayed	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is tiled.	
November 10th	2021
Dated November 10th	
<del></del> .	Signature of a member or authorized representative of a member
	Signature of a memory of additionated representative of a member
	Typed or printed name of signee
<u> </u>	Typed or printed name of ciunes