L20000305541

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ONITION OF CORPORATION

COVER LETTER

Registration Section

Tallahassee, FL 32314

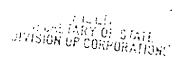
TO:

Div	ision of Co	porations .	•		
SUBJECT:	· · · · · · · · · · · · · · · · · · ·	_		f	
			ited Liability Company		
SUBJECT: Name of Limited Liability Company					
The enclosed	l Anicles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Stewart William Melton			
			Name of Person		
		Alpha Insurance Adjusters		report notification) 54232 Daytime Telephone Number & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) ddress: attion Section of Corporations	
			Firm/Company		
		104 West Jackson Street			
			Address		
		Pensacola Florida 32501			
			City/State and Zip Code		
		•			
		E-mail address: (to be used for future annual report no	otification)	
For further in	ıformation c	oncerning this matter, please ca	ıll;		
Stewart W. Melton					
Name of Person		Area Code Dayti	me Telephone Number		
Enclosed is a	check for th	ne following amount:			
		☐ \$30,00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy	
	ling Addres		Street Address:	antina	
Registration Section Division of Corporations					
P.O. Box 6327			The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



21 MAR -4 PH 3: 48

ALPHA INSURANCE ADJUSTERS L.L.C.

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

Florida document number L20000305541		
civilga document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designati	on "LLC" or the abbreviation "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	enter the name of the new registers
agent and/or the new registered office address here:		were the name of the new registere
Name of New Registered Agent:		1,000
New Registered Office Address:		
	Enter Florida stree	t address
		, Florida
	City	Zip Code

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 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 = A	authorized Member		HVISION OF	HVISION OF CONFORMATIONS		
<u> Fitle</u>	Name	Address	21 MAR -4	PH Type of Action		
AMBR	Stanley Melton Jr	1725 North 6 AVE, P	ensacola, FL, 324503			
	horized Member Name Address 21 MAR - 4 PH Five of Fig. 18 Address Stanley Melton Jr 1725 North 6 AVE, Pensacola, FL, 324503 Address Characteristics Charact	□ Remove				
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If amending any other information, enter change(s) here	· · · · · · · · · · · · · · · · · · ·) 1 ыз 	~~ ∪n. —
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Footing data if other than the day of 51: 25\02\2021				
fective date, if other than the date of filing: 25/02/2021 an effective date is listed, the date must be specific and cannot be prior to	date of filing or more than 90	(optional) days after filing	Pinsiant to 60)5 0207 (3
ote: If the date inserted in this block does not meet the applicat	le statutory filing requirer	nents, this date	will not be lis	sted as th
ocument's effective date on the Department of State's records.				
record specifies a delayed effective date, but not an effective tim is filed.	e, at 12:01 a.m. on the ear	lier of: (b) Th	e 90th day aft	er the
is filed.				
25th February 2021				
ated 2021	. •			
(# 1 // / m.//.				
Signature of a member or authori	red propreentative of a mount	w)r		
	representative of a menti-	~.		
Stewart W. Melton				