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COVER LETTER

TO: Registration Section Division of Corporations

ASKANAI SUBJECT:	DJUSTER TAMPA BAY LLC				
NUBJECT.	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing,			
Please return all correspo	indence concerning this matter	to the following:			
	Anthony P. Valente Jr., Es	quire			
		Name of Person			
	Attorney at Law/Registere	d Agent			
		Firm/Company	 		
	10126 Tarpon Drive				
		Address			
	Treasure Island, FL 33706				
		City/State and Zip Code			
	anthonyvalentejr@verizon.a				
	E-mail address, (to be used for future annual report not	itication)		
For further information c	oncerning this matter, please c	all:			
Anthony P. Valente Jr., Esquire		727 360-0330			
Name of Person		at ()	ne Telephone Number		
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 tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres Registration 5		<u>Street Address:</u> Registration Se	ction		
Division of Corporations		-	Division of Corporations		
P.O. Box 632		The Centre of T			
Tallahassee, I	L 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASKANADJUSTER TAMPA BAY 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 $\frac{09/30/2020}{1}$ __ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ASK AN ADJUSTER SW FL. LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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.

City

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
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			Remove
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an effective date is listed, the date must b	e specific and cannot h					
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record specifies a delayed effective c	late, but not an effec	rtive time, at	12:01 a.m. on th	ne carlier of: (b)	The 90th day af	ter the
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Filing Fee: \$25.00