

120000348321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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11/09/21--01013 -005 **25.00

FILED
Nov 09, 2021 08:00 AM
Secretary of State

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Just In Time Adjusting
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Justin Miller
Name of Person

Just in Time Adjusting
Firm/Company

379 Franklin Rd
Address

Jupiter FL 33469
City/State and Zip Code

Miller0706@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin Miller at (561) 797-1547
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
Nov 09, 2021 08:00 AM
Secretary of State

Just In Time Adjusting

(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 11/03/2020 and assigned
Florida document number 120000348321.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Property Casualty Consultants LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

379 Franklin Rd Jupiter
FL 33469

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

379 Franklin Rd Jupiter
FL 33469

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:

Justin Miller

New Registered Office Address:

379 Franklin Rd Jupiter (JM)

Enter Florida street address

Jupiter
City

Florida 33469
Zip Code

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 the 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.

Justin Miller
If Changing Registered Agent, Signature of New Registered Agent

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated Nov 6th, 2021.

Signature of a member or authorized representative of a member

Justin Miller
Typed or printed name of signee

Filing Fee: \$25.00