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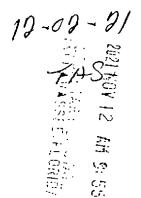
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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

	egistration Se livision of Cor			
CUDIECT		T ESTIMATING LLC		
SUBJECT	.;	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	•
Please retu	ım all correspo	ondence concerning this matter	to the following:	
		PATRICK DAUGEREAU	х	
			Name of Person	
			Firm/Company	<u> </u>
		16057 TAMPA PALMS B	Same of Limited Liability Company Es(s) are submitted for filing. this matter to the following: DGEREAUX Name of Person Firm/Company PALMS BLVD WEST PMB 341 Address 3647 City/State and Zip Code CP@GMAIL.COM all address: (to be used for future annual report notification) err, please call: at (
			Address	
		TAMPA, FL 33647		
			City/State and Zip Code	
		DAUGEREAUXP@GMAI		
For further	r information c	E-mail address: (oncerning this matter, please c	•	notification)
PATRICK	DAUGEREA	UX		3
	Name o	f Person		ytime Telephone Number
Enclosed i	s a check for th	ne following amount:		
■ \$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	failing Addres Legistration S			
	Division of C			
	.O. Box 632			
Т	allahassee, l	-L 32314	2415 N. Mo	nroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

48 HOUR ADJUSTING LLC				
(Name of the Lim	ited Liability Com (A Florida Limite	pany as it now appears on our rec d Liability Company)	ords.)	
The Articles of Organization for this Limited l	Liability Compar	ny were filed on <u>04/13/2021</u>	and assigned	
Florida document number L21000170541				
his amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited lis	bility company here:		
ONE LIGHT ESTIMATING LLC				
he new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designation "I	LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:	N/A		
Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		N/A	<u> </u>	
Mailing address MAY BE A POST OFFICE	E BOX)		200	
			第	
 If amending the registered agent and/or gent and/or the new registered office addr 	registered office	e address on our records, <u>en</u>	ter the name of the new registe	
Name of New Registered Agent:	N/A	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	N/A			
-		Enter Florida street add	dress	
		, Florida		
		City	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 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□Change
			□ Add
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	11/04/2021			
ffective date, if other than the date an effective date is listed, the date must be spe	of filing:	a date of filing or more t	optional)	
iote: If the date inserted in this block do	es not meet the applica			
ocument's effective date on the Departm	ient of State's records.			
record specifies a delayed effective date,	but not an effective tir	ne. at 12:01 a.m. on th	ne earlier of: (b) Th	ne 90th day after the
is filed.				
, NOVEMBER 4	2021			
ated	,	<u>.</u> .		
(XIMX s-)	21.20			
Signat	use of a member or autho	rized representative of a	member	

Filing Fee: \$25.00