Division of Corporations Electronic Filing Cover Sheet

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Fmail	Address:	 		

65 LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LET US ADJUST CONSULTANT INSURANCE LLC

1	Charles 41-7-5- 4134 Criscianisma
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Electronic Filing Menu — Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LET US ADJUST CONSULTANT			
(Name of the Limi	ted Liability Co. (A Florida Limi	mpany as it now appears of ted Liability Company)	n our records.)
The Articles of Organization for this Limited I. Florida document number L21000378612		any were filed on $\frac{08/24}{}$	2021 and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited J	liability company here	:
Lossup Adjust Insurance Consultant LLC			
The new name must be distinguishable and contain the	words "Limited L	iability Company." the desi-	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	NA	
(Principal office address MUST BE A STREE	ET ADDRESS	2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	NA	20.0E; -5
B. If amending the registered agent and/or agent and/or the new registered office addresses		ce address on our reco	÷ ÷
Name of New Registered Agent:	NA		o
New Registered Office Address:		Enter Florida	street address
	<u></u>		, 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 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>	Name	Address	Type of Action
	NA	NA	□Add
			□Remove
			□Change
			OAdd
			□Remove
			□Change
			□Add
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			Change

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Mertive dute if other than the d	ate of filings	(**	entional)
Mective date, if other than the data effective date is listed, the date must be	e specific and cannot be prior to date	of filing or more than 90 days	after filing.) Pursuant to 605.0201
Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the applicable s	tatutory filing requirements.	, this date will not be listed as
obaniem o endente date on the isep	artification state 3 records.		
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record specifies a delayed effective of is filed.	late, but not an effective time, a	. 12:01 a.m. on the earlier of	f: (b) The 90th day after the
DECEMBER 04	2024		
74160	* Signed by:		
	MR Hell Hiember or authorized		

Filing Fee: \$25.00

Typed or printed name of signee