

L21000412934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

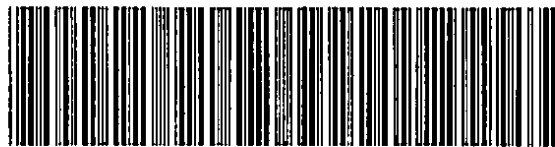
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2021 NOV 17 AM 2:05
SECRETARY OF STATE
TALLAHASSEE, FL 32311
DB

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Affiliated Damage Appraisers LLC
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:

Luis E. Mejia
Name of Person

Firm/Company

22701 SW 88th PL suite 202
Address

MIAMI FL 33190
City/State and Zip Code

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

For further information concerning this matter, please call:

Luis E. Mejia at (305) 998-8915
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

2021 NOV 17 AM 2:05

Affiliated Damage Appraisers LLC

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

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 09/17/2021 and assigned Florida document number L21000412934.

This amendment is submitted to amend the following:

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

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)

18591 South Dixie Highway
Cutler Bay FL 33157

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18591 South Dixie Highway
Cutler Bay FL 33157

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

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>	<u>Type of Action</u>
<u>MGR</u>	<u>Luis E Mejia</u>	<u>18591 South Dixie Highway</u>	<input checked="" type="checkbox"/> Add
		<u>Cutler Bay FL 33157</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AP</u>	<u>Luis E. Mejia</u>	<u>22701 SW 88th PL</u>	<input type="checkbox"/> Add
		<u>Suite 202</u>	<input checked="" type="checkbox"/> Remove
		<u>MIAMI FL 33190</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Alejandra Presiga</u>	<u>18591 South Dixie Highway</u>	<input checked="" type="checkbox"/> Add
		<u>Cutler Bay FL 33157</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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