## LZ1000501014

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Priorite #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Certified copies Certificates of Status
Special Instructions to Filing Officer:
CONF
J. HORNE
JAN 1 Z 2022
Jr.w.

Office Use Only



800378567648

10.29/21-01007--011 \*\*25.00



## **COVER LETTER**

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

	S PUBLIC ADJUSTERS LLC						
SUBJECT:	Name of Lim	ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	Lawanna Byrd						
	Name of Person						
	BJ Claims Public Adjuster	s LLC					
		Firm/Company	<del>,                                     </del>				
	931 Village Blvd. Ste. 905	-139					
		Address					
	West Palm Beach, FL 334	)9					
		City/State and Zip Code					
	Byrdjoyner910@yahoo.con						
	E-mail address: (	to be used for future annual report notification	ation)				
For further information c	oncerning this matter, please c	all;					
Lawanna Byrd		561 307-8419 at ()					
Name o	f Person	Area Code Daytime T	Celephone Number				
Enclosed is a check for the	ne 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)				
<u>Mailing Addres</u> Registration S		Street Address: Registration Secti	on				
Division of Corporations			Division of Corporations				

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

BJ CLAIMS PUBLIC ADJUSTERS LLC

2021 DEC 29 AM 9: 19 (Name of the Limited Liability Company as it now appears on our records.) SECRETARY OF STATE

TALLAHASSEE, FLORES The Articles of Organization for this Limited Liability Company were filed on 11/22/2021 and assigned Florida document number 1.21000501014 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 "LLC." 777 SOUTH FLAGLER DRIVE, SUITE 800W Enter new principal offices address, if applicable: WEST PALM BEACH, FL 33401 (Principal office address MUST BE A STREET ADDRESS) 931 VILLAGE BLVD, SUITE 905-139 Enter new mailing address, if applicable: WEST PALM BEACH, FL 33409 (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 \_, Florida \_\_\_ City

## 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Lawanna Byrd	6408 Sandy Bank Terrace, Riviera Beach, FL 33407	<b>=</b> Add
			□Remove
			□ Change
Lawa		<del></del>	□Add
			□ Remove
			🗆 Change
	·	<del></del>	🗆 Add
			□ Remove
			□Change
			□Add
		<del></del>	□Remove
		<del></del>	□ Change
<del></del>			□Add
			□Remove
			Change
			□Add
			□ Remove
			□Change

<del> </del>				<del></del>
44.			·	<del>.</del>
	· · · · · · · · · · · · · · · · · · ·	·		<del></del>
			-	
				<del></del>
			•	<del></del>
<del></del>		<del></del>		
ective date, if other than the date of fil			(optional)	
effective date is listed, the date must be specific a te: If the date inserted in this block does no	and cannot be prior to da of meet the applicable	te of filing or more thar statutory filing requi	90 days after filing.) Pun rements, this date will	suant to 605.020 not be listed as
ument's effective date on the Department o	of State's records.			
cord specifies a delayed effective date, but r s filed.	not an effective time, a	at 12:01 a.m. on the	earlier of: (b) The 90	th day after the
ed DECEMBER 4TH	2021		)	
			•	
$\sqrt{\sum_{\alpha} a_{\alpha}}$	2 4 0 - STE			

Typed or printed name of signee