## L2300180648

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11/17/23--01008--024 \*\*25.00

2023 EOV 17 P.1 5: 50

12/1/2023

## **COVER LETTER**

TO: Registration S Division of Co				
THE CONTRACTOR OF THE CONTRACT	ise Public Adjusters LLC			
SOBJECT,	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
	Dalton Stallard			
		Name of Person		
	Best Defense Public Adjus			
		Firm/Company		
	458 NW TITH AVE			
		Address	<del></del>	
	Boca Raton, FL, 33486			
		City/State and Zip Code		
	Dalton@bestdefensepa.con	ı		
	E-mail address; (	to be used for future annual report not	ification)	
For further information c	concerning this matter, please c	all:		
Dalton Stallard		561 344-5855 at ( )		
Name c	f Person		ne Telephone Number	
Enclosed is a check for t	he 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 tadditional copy is enclosed	
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Sc	ection	
Division of Corporations		<del>-</del>	Division of Corporations	
P.O. Box 632			The Centre of Tallahassee	
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Best Defense Public Adjusters LLC

2023 [17] 17 PH 5: 50

(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 with Horida document number $\frac{1.23000180648}{1.000180648}$	vere filed on 04/12/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y 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)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flor	ida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and ovided for in Chapter 605, F.	I am familiar with and S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

' MGP<sub>a</sub>= Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
mgr	BLASKOVICH, ALEXANDER J	911 S OCEAN BLVD APT, 2D	🗆 Add
		BOCA RATON, FL 33432	≅Remove
			□Change
Mgr	Dalton Stallard	458 nw 11th ave	■Add
		Boca Raton, FL 33486	□Remove
			☐ Change
			□Remove
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Signature of a member or authorized representative of a member		
Signature of a member of authorized representative of a member		tina a Ca anambar
	Signature of a member or authorized representa	ave of a themsel

Filing Fee: \$25.00