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COVER LETTER

TO: Registration Section Division of Corporations

AMERICA SU BJECT:	N ALL CLAIMS PUBLIC AD	JUSTERS LLC		
	Name of Limi	ited Liability Company		2
	Amendment and fee(s) are submodence concerning this matter			2023 OCT -1, P1112: 06
	SHOHAM COHEN			PH 12:
		Name of Person		06
		Firm/Company		
	5502 SW 28TH TERRACE	3		
		Address		
	FORT LAUDERDALE, FI	33312		
	CONTRACTOR CONTRACTOR CO	City/State and Zip Code		
	CRNMANAGEMENTINC(E-mail address: (t	accommunity (in the control of the c	ication)	
For further information c	oncerning this matter, please ca	all:		
SHOHAM COHEN		480 652-3038 at ()		
Name o	f Person	Area Code Daytime	Telephone 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)	S60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is en	us &

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 ARTICLES OF ORGANIZATION AMERICAN ALL CLAIMS ADJUSTERS LLC (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 were filed on April 20, 2023 and assigned Florida document number L23000196300 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) Enter new mailing address, if applicable: (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>	Address	Type of Action
AMBR	ARIEL ISRAELOV	5502 SW 28TH TERRACE	■Add
		FORT LAUDERDALE, FL 33312 US	S □ Remove
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Filing Fee: \$25.00