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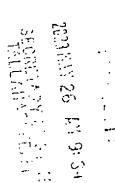
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

	First Public Adjusters, LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Flermin Exilus					
		Name of Person				
People First Public Adjusters, LLC.						
		Firm/Company				
2701 W. Oakland Park Blvd. Suite 415						
	4	Address				
	Oakland Park, FL 33311					
	4*	City/State and Zip Code	200			
	peoplefirstpa@gmail.com					
For further information c	E-mail address: (oncerning this matter, please e	to be used for future annual report not all:	ification)			
Hermin Exilus		754 368-7430 at ()	m –			
Name o	f Person		ne 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)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Sc	ection			
Division of C		Division of Co				
P.O. Box 632		The Centre of	•			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

People First Public 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 $\frac{04/27/2023}{1}$ and assigned Florida document number L23000209240 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." 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amonding 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
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			Remove
			□Add
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			□Change
			G S □Add Remove
			☐ Chänge
			□Remove
			□Change
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ective date, if other than the date of filine effective date is listed, the date must be specific at	ng:	e of filing or more than 90 da	(optional) ivs after filing (Pursuant to	605 020
e: If the date inserted in this block does not ument's effective date on the Department of	meet the applicable s	tatutory filing requiremen	nts, this date will not be	listed a
cord specifies a delayed effective date, but no	at an effective time a	t [2:0] g m. on the ourtin	rof (h) The Other door	ifter the
s filed.	or an enceuve time, a	Crasor with on the Carne	i co. (or the roth day a	nici iii
ed May 22th	2023			
1/11				

Typed or printed name of signee