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EXAMINER

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SECRETARY FRINTS SIVI

COVER LETTER

TO: Registration S Division of Co				
suвјест: Apprais	sal Resource Group, (Name of Lim	LLC ited Liability Company)		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Teresa Kuhrts			
		(Name of Person)		
	Appraisal Resource Gro	up, LLC		
		(Firm/Company)		
	7807 Charing Cross Way			
		(Address)		
	Palmetto, FL 34221			
		(City/State and Zip Code)		
For further information of	concerning this matter, please c	all:		
Teresa Kuhrts		at (941 ₎ 961-8898		
(Name of Person)		(Area Code & Daytime 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 (additional copy is enclosed)	
	ING ADDRESS:	STREET/COURIER Registration Section	ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

APPRAISAL RESOURCE GROUP, 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	October 14,	2008	and ass	signed
Florida document number L08000097112					_
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company	here:			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Cor	mpany," the d	lesignation "LI	C" or the a	abbreviation
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)			VAII.4		
(Mutting duaress MAT BE A FOST OFFICE BOX)					
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		n our reco	rds, <u>enter th</u>	<u>e name o</u>	f the nev
registered agent and/or the new registered office address here	₹•				
Name of New Registered Agent:			<u> </u>	<u> 8</u>	
New Registered Office Address:			<u> </u>	AON	-17
		(Enter Flori	da street addi		
		,	Florida	· 2	<u>m</u>
	(City)			(Zip Çod	(e)
New Registered Agent's Signature, if changing Registered Agent:			A COA	58 58	

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Rebecca Darland	1720 Alameda Drive Springhill, FL 34609	Add Remove
MGRM_	Sharri Darling	175 2nd Street S, PH#16 St. Petersburg, FL 33701	Add Remove
MGRM	Rebecca Keller	8078 Causeway Blvd. South St. Petersburg, FL 33707	
	· · · · · · · · · · · · · · · · · · ·		- - -
			P*** Th
			= ~
D. If amend	ing any other information, enter	change(s) here: (Attach additional sheets, if n	ecessary.)
_			
			D8 NOV
Dated Octobe	Tleas Ki	2008) let	ASSE A
		member or authorized representative of a member	8: 58 NATE ORIDA
	Teresa Kuhrts	Typed or printed name of signee	5 100

Page 2 of 2

Filing Fee: \$25.00