L21000045291

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GCT 28 2023

COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT:	Greater Orl	ando Appraisals, LLC			72	
SUBJECT.		Name of Limi	ted Liability Company			
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:		Ξ. α	
		Jordan Christopher			<u>န</u> တိ	
		- · · · · · · · · · · · · · · · · · · ·	Name of Person			
Greater Orlando Appraisals, LLc						
Firm/Company						
		972 Lemon Bluff Road				
		Address				
		Osteen, FL 32764				
		City/State and Zip Code jchristopher0324@yahoo.com				
			o be used for future annual rep	ort notification)		
For further in	nformation c	oncerning this matter, please ca	dt:			
Jordan Chris	stopher		407 470-7 at ()	7119		
	Name o	f Person		Daytime Telepho	ne Number	
Enclosed is a	a check for th	ne following amount:				
≡ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

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 TO ARTICLES OF ORGANIZATION OF

2023
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CJ CJ

Zip Code

Greater Orlando Appraisals, LLC	ng te
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	9: I ₁ 6
The Articles of Organization for this Limited Liability Company were filed on 01/25/2021 Florida document number L21000045291	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here: My FL Appraisals LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the a	bbreviation "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 nar agent and/or the new registered office address here:	ne of the new register
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
Florida	

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 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>	Name	Address	Type of Action
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ective date if other than the date of filing:	(antional)
n effective date is listed, the date must be specific and cannot be prio	(optional) r to date of filing or more than 90 days after filing.) Pursuant to 605.02
te: If the date inserted in this block does not meet the application.	cable statutory filing requirements, this date will not be listed.
cument's effective date on the Department of State's records	S.
ecord specifies a delayed effective date, but not an effective t	ime, at 12:01 a.m. on the earlier of: (b) The 90th day after th
is filed.	and, at 12.07 a.m. on the carrier of, (b) The 70th day after the
September 19 2023	$+ \cap$
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Signature of a member or auth	orized representative of a member

Filing Fee: \$25.00