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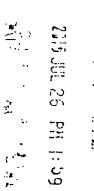
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COVER LETTER

	porations	•	
Appraisals	Unlimited, LLC	•	
	Name of Lim	ited Liability Company	
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Kimberly B Bell Name of Person Appraisals Unlimited, LLC Firm/Company 124 N Nova Road, #125 Address Ormond Beach FL 32174 City/State and Zip Code kimbell.fl@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kimberly B Bell 386 212-8686 at (
all correspo	ndence concerning this matter	to the following:	
	Amendment and fee(s) are submitted for filing. Sondence concerning this matter to the following: Kimberly B Bell Name of Person Appraisals Unlimited, LLC Firm/Company 124 N Nova Road, #125 Address Ormond Beach FL 32174 City/State and Zip Code kimbell.fl@gmail.com E-mail address: (to be used for future annual report notification) concerning this matter, please call:		
		Name of Person	
	Appraisals Unlimited, LLC		
		Firm/Company	
	124 N Nova Road, #125		
		Address	
	Ormond Beach FL 32174		
	***************************************	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
nformation c	oncerning this matter, please ea	all:	
Bell			
Name o	f Person		Telephone Number
a check for th	ne following amount:		
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)
	d Articles of all corresponding all corresponding to the all correspond	Articles of Amendment and fee(s) are submall correspondence concerning this matter Kimberly B Bell Appraisals Unlimited, LLC 124 N Nova Road, #125 Ormond Beach FL 32174 kimbell.fl@gmail.com E-mail address: (Information concerning this matter, please constants) Bell Name of Person a check for the following amount: Filing Fee \$30.00 Filing Fee &	Name of Limited Liability Company Id Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: Kimberly B Bell Name of Person Appraisals Unlimited, LLC Firm/Company 124 N Nova Road, #125 Address Ormond Beach FL 32174 City/State and Zip Code kimbell.fl@gmail.com E-mail address: (to be used for future annual report notifinformation concerning this matter, please call: Bell Name of Person 1 386 Area Code Daytime a check for the following amount: Filing Fee S30.00 Filing Fee & Certificate of Status Certified Copy

MAILING ADDRESS:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Appraisals Unlimited, LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Limited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number L03000014564		and assigned
This amendment is submitted to amend the following:		and assigned C" or the abbreviation "L.L.C."
A. If amending name, enter the new name of the limit	mend the following: new name of the limited liability company here: Indicated the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." ress, if applicable: BE A STREET ADDRESS) pplicable: ST OFFICE BOX) d agent and/or registered office address on our records, enter the name of the nearegistered office address here: d Agent: Address:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	<u>ESS)</u>	
Enter new mailing address, if applicable:		<u>, </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addresses	ered office address on our records, <u>en</u> <u>ess here</u> :	in in
Name of New Registered Agent:		.
New Registered Office Address:	Enter Florida street address	
	, Florida	a Zip Code
	City	гір Соав

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 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Rebecca-Lynne Cappelle Bell	124 N Nova Road, #125, Ormond Beach, FL 32174	= Add
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	the date of filing:	or to date of filing or more the	(optional)	a 605 0207
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