## L03000050840

(Requestor's Name)				
(Address)				
<b>,</b>				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(				
(Document Number)				
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02/20/89--01007--001 \*\*25.00

2009 FEB 20 PM 2: 37

C. LEWIS
FEB 2 3 2009
EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corpo	ion orations		
SUBJI	ECT:	G. I. (Name of Limit	ted Liability Company)	ARNEST APPRAIS LLC
The en	closed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please	return all correspond	lence concerning this matter	to the following:	
		RUTHEL	LEN EARNES	<u>T</u>
		EARNE	EST APPRAISA (Firm/Company)	LS LLC
		3 PIN	VESEDGE COL	URT_
		EDGE	EWATER, FLOR (City/State and Zip Code)	SIDA 32132
For fur	ther information con	cerning this matter, please ca	all:	
Ru	thellen Ea (Name of)	vnest Person)	at (386) 428-2 (Area Code & Daytime T	2033 elephone Number)
Enclos	ed is a check for the	following amount:		
<b>⊠ \$</b> 25	5.00 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)

MAILING ADDRESS:

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

FILED 2009 FEB 20 PM 2: 37

G.I.C	_LC	SECRETARY OF STATE IALLAHASSEE, FLORIDA			
(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 Florida document number <u>LO 3 0000 50 8.40</u>	were filed on				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	lity company he	<u>re</u> :			
EARNEST APPRA The new name must be distinguishable and end with the words "Limit "L.L.C."	15ALS ed Liability Comp	any," the designation "LLC" or the 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)  B. If amending the registered agent and/or registered office address here		our records, enter the name of the new			
	•				
Name of New Registered Agent:					
New Registered Office Address:		•			
	(Enter Florida street address)				
		, Florida			
	(City)	(Zip Code)			
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as p	ete performance	of my duties, and I am familiar with and			

(If Changing Registered Agent, Signature of New Registered Agent)

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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing</u>. <u>Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> **Address** Type of Action <u>Name</u> ☐ Add ☐ Remove ☐ Add Remove \_ Add Remove ☐ Add Remove \_\_\_\_ ∧dd Remove \_\_\_ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated \_ Typed or printed name of signee

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Filing Fee: \$25.00