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(Re	equestor's Name)	·····
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SECRETARY OF STATE AS DIVISION OF CORPORATIONS OF HAR 12 PH 2:31

J. BRYAN

MAR 1 2 2008

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	ECT: Appraisal (Name of	Paralise, LLC Limited Liability Company)
The end	closed Articles of Amendment and fee(s) are	e submitted for filing.
Please	return all correspondence concerning this ma	atter to the following:
	Chris	stopher R. Paradis
	Apprai	Sal Paralise, LLC . (Firm/Company)
	5811	OX ford Dr (Address)
	Tamp	(Firm/Company) OX for Dr (Address) OA FL 33 615 (City/State and Zip Code)
For fur	ther information concerning this matter, plea	
	Chris Paradis (Name of Person)	at (813) 766-8469 (Area Code & Daytime Telephone Number)
Enclose	ed is a check for the following amount:	
⊠\$ 25	.00 Filing Fee \$\times \text{\$30.00 Filing Fee & Certificate of State}	\$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)
	MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	A	te p	rain	Sa	1 Po	irad	ise	, LL			
		(<u>Nhn</u>	ne of th	e Lim	ited Liab	ility Com ida Limite	pany as	it now a	ppears or	our records.)	
 						_			10	111 20	_

The Articles of Organization for this Limited Liability Company were filed on 10-14-2005 and assigned Florida document number 10500101556,

This amendment is submitted to amend the following:

A.	II amending name	, <u>enter</u>	the new name of the limite	<u>d liability compan</u>	<u>y here</u> :	
r		Λ	٠ ٨٥			

The new name must be distinguishable and end with the words Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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:	<i>N_I A</i>	
New Registered Office Address:	NIA	
	(En	nter 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 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 Changing Registered Agent, Signature of New Registered Agent)

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

MGKN	1 = Managing Me	mber		
<u>Title</u>	<u>Name</u>		Address	Type of Action
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Dated _	March	<i>IU</i> , d	008.	- 15
			R. Parani	
		_	ber or authorized representative of a member	
		<u>Christoph</u>	er K, Yaradı S ped or printed name of signee	
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Page 2 of 2

Filing Fee: \$25.00