## L060000023617

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SECRETARY OF STATE

C. LEWIS

APR -1 2009

EXAMINER

## COVER LETTER

TO: Registration So Division of Con		1			
SUBJECT: Propert	ty Valuations Group (Name of Lim	LLC ited Liability Company)			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Todd Isermann				
		(Name of Person)			
	Property Valuations Group LLC				
		(Firm/Company)			
	5976 Howdershell Suite	113			
		(Address)	<del></del>		
	Hazelwood MO 6304				
		(City/State and Zip Code)			
For further information of	concerning this matter, please c	all:			
Todd Isermann		at ( 314 ) 313-7121			
(Name	of Person)	(Area Code & Daytime T	elephone 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)		

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

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SECRETARY OF STATE

Property Valuations 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 Liab	oility Company were filed	on 03/06/2006	and assigned
Florida document number L06000023617			
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability compa	iny here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability	Company," the designation	ı "LLC" or the abbreviation
Enter new principal offices address, if applicat	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		ss on our records, <u>ente</u>	r 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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Type of Action Title** Name 1 <u>Address</u> Stacy L Isermann Mrs. 5976 Howdershell Road Suite 113 ■ Add Hazelwood, MO 63042 Remove ☐ Add Remove \_ Add Remove Add ☐ Remove ☐ Add Remove ☐ Add ☐ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 03/26 Signature of a member or authorized representative of a member Todd Isermann Typed or printed name of signee

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Filing Fee: \$25.00