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## **COVER LETTER**

Amending Name for Pat Nugent Realty & Auctioneers LLC **SUBJECT:** 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: Patrick Nugent Name of Person Pat Nugent Realty & Auctioneers LLC Firm/Company 149 Delmar Street Address Sebastian, FL 32958 City/State and Zip Code pnugent576@aol.com E-mail address: (to be used for future annual report notification) for further information concerning this matter, please call: Patrick Nugent Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

Division of Corporations

ľO:

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

Pat Nugent Realty & Auctioneers LLC

( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number L08000033899	vere filed or. <u>4/3/2008</u>	and assigned
This amendment is submitted to amend the following:		20
A. If amending name, enter the new name of the limited liabil	ity company here:	프 : 포 : 인
Asset Valuation Associates LLC		्रेड़ <u>२</u> २: ५
The new name must be distinguishable and contain the words "Limited Liabilit	y 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 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:		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Euter Florida street address	
	, Florida	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 reing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany 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 added or removed from our records:

MGR = Manager , AMBR = Authorized Member

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Filing Fee: \$25.00