L09000039260

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SECRETARY OF STATE
ALL AHASSEF, FLORIO

T. HAMPTON

OCT -4 2011

CAMBRIER

COVER LETTER

TO:

Registration Section

Division of Corporations					
SUBJECT:	Appraisal M	arketing Group LLC			
	Name of Limited Liability Company				
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corres	pondence concerning this matte	r to the following:			
		Michael Dunn			
		Name of Person			
		Firm/Company			
	189	189 S. Orange Ave. Suite 970			
	Orlando, FL 32801				
	City/State and Zip Code				
	E-mail address: (mdunn@fbcmtg.com to be used for future annual report notific	eation)		
For further information	concerning this matter, please	call:			
Michael Dunn Name of Person		at (_407_)8 Area Code & Daytime	372-3383		
ivanic	of retson	Area code & Daytine	Telephone Number		
Enclosed is a check for	the 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		STREET/COURIE Registration Section Division of Corpora	1		
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2011 OCT -3 PM 2: 19

Appraisal Mar (<u>Name of the Limited Liability Con</u> (A Florida Limit	keting Group, npany as it now app red Liability Company	LLC TA	ECNETARY OF STATE LLAHAS SEE, FLORIDA
The Articles of Organization for this Limited Liability Comp	oany were filed on _	04/22/2009	and assigned
Florida document numberL0900039260			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company l	<u>nere</u> :	
The new name must be distinguishable and end with the words "I "L.L.C."	Limited Liability Con	npany," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	5)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:		n our records, <u>enter</u>	the name of the new
New Registered Office Address:	Enter Florida street address		
		, Florida	
•	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent	ent:		
I hereby accept the appointment as registered agent and the provisions of all statutes relative to the proper and co			

If Changing Registered Agent, Signature of New Registered Agent

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 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 . * MGRM = Managing Member **Title** <u>Name</u> <u>Address</u> **Type of Action** MGR NUNIZATA, ROB 189 S. Orange Ave. Suite 970 ☐ Add Remove Orlando, FL 32801 Nunziata Holdings LLC MGR 189 S. Orange Ave. Suite 970 ✓ Add Orlando, FL 32801 Remove ☐ Add Remove Add Remove □Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 29 2011 Dated Signature of a member or authorized representative of a member

Robert G. Nunziata
Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00