## L09000 115767

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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SECRETARY OF STATE

T. HAMPTON

DEC 2 2 2009

**EXAMINER** 

## **COVER LETTER**

то:	: Registration Section Division of Corporations					
SUBJECT:AUTO ADVISORS AND APPRAISALS LLC						
SCB01				ted Liability Company	<del></del>	
The en	iclosed A	rticles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all	l correspo	endence concerning this matter	to the following:		
			<u>-</u>	HARRY M SAMUELS		
				Name of Person		
REGISTERE			REGISTERE	O AGENTS OF SOUTH FL	ORIDA	
-				Firm/Company		
2901 S			2901 S	TIRLING ROAD-SUITE 30	)7	
Address						
			FTI	AUDERDALE. FL 33312		
				City/State and Zip Code		
			HARRY@S	SAMUELSACCOUNTING.	COM	
				to be used for future annual report not	ification)	
For fur	rther info	rmation c	oncerning this matter, please o	eall:		
HARRY M SAMUELS			Y M SAMUELS	at (_954_)_	966-1350	
Name of Person			f Person	Area Code & Daytin	me Telephone Number	
Enclos	ed is a ch	neck for th	ne following amount:			
\$25	5.00 Filin	g 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 ADDRE Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 3231		ration Section on of Corporations ox 6327	STREET/COUR Registration Sect Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AUTO ADVISORS AND APPRAISALS LLC
(Name of the Limited Liability Company as it now appears on our record

(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 Lia Florida document number		were filed on	12/04/09	and assigned		
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liabi	lity company here:				
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company	," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applica	1970 E OSCEOLA PARKWAY-SUITE 11					
(Principal office address MUST BE A STREET	(ADDRESS)	KISSIMMEE, F	L 34743			
Enter new mailing address, if applicable:		1970 E OSCEOLA PARKWAY-SUITE 11				
(Mailing address MAY BE A POST OFFICE E	BOX)	KISSIMMEE, FL 34743				
B. If amending the registered agent and/o registered agent and/or the new registered off			r records, <u>enter t</u>	ne name of the new		
Name of New Registered Agent:	Name of New Registered Agent: HARRY M SAMUELS					
New Registered Office Address: 2901 STIRLING ROAD-SUITE 307						
	Enter Florida street address					
	FT LAUDERDALE		, Florida	33312		
		City		Zip Code		
New Registered Agent's Signature, if changing R	egistered 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

Page 1 of 2

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						
<u>Title</u>	Name	Address	Type of Action			
			Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
		· .	Add Remove			
			Add Remove			
D. If ame	iding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)				
- -			SECRETAND VISION OF CO 09 DECA 1			
-			OF STATE OR ATION PH 2: 25			
Dated	1 /	or authorized representative of a member  JELS, REGISTERED AGENT	ONS FOR			
	Typed	or printed name of signee	<del></del>			

Page 2 of 2

Filing Fee: \$25.00