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S. HAWKES

SEP 08 2010

EXAMINER

COVER LETTER

TO:	Régistration Section Division of Corporations
SUBJI	ECT: AMERICAN APPRAISAL SOLUTIONS LLC Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Richard De Gregorio
	Name of Person O
	<u> </u>
	Firm/Company
	10540 77th Terr. #305
	Address
	Seminole FL 33772 city/State and Zip Code
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
R	Name of Person () at (721) 289-3900 Area Code & Daytime Telephone Number
	. The code a payant respinsion range.
Enclos	ed is a check for the following amount:
_	.00 Filing Fee \$\int\\$30.00 Filing Fee & \$\int\\$55.00 Filing Fee & \$\int\\$60.00 Filing Fee,
[¥] ⊅∠3	Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

AMERICAN APPRAISAL SOLUTIONS 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 Liability Comp	pany were filed on MAY	21, 2010 and assigned
Florida document number L 100000 55 188 .		10 SER
This amendment is submitted to amend the following:	P-7 PH	
A. If amending name, enter the new name of the limited	liability company here:	PH IS:
CONTEMPORARY APPRAISA! The new name must be distinguishable and end with the words "I" "L.L.C."	L SOLUTIONS Limited Liability Company," tl	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:	P.O. 730X	1536
(Mailing address MAY BE A POST OFFICE BOX)	PINELLAS FL	ORIDA 33780
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	orida 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 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

tle ·	<u>Name</u>	Address	Type of Actio
			Add Remove
			Add PRemove
			Add Cove
			ATAdd Remove
-112122			[Domovo
If amend	ling any other information, enter cha	nge(s) here: (Attach additional she	· · · · · · · · · · · · · · · · · · ·
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	Signature of a member	11 15 -	

Page 2 of 2

Filing Fee: \$25.00