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SECRETARY OF STATE CORPORATION

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CERTIFIED A PROPERTY APPRAISERS LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing.
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
Name of Person
CERTIFIED PERSONNE PROPERTY APPRINSERS
1500 APALIACUEZ PK'WAS
The City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
at () Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytine Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \$\text{\$\t

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



CERTIFIED PERSONAL PROPERTY APPRAISERS LECTION (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	bility Company were filed on	2/7-3/17 and assigned		
Florida document number <u>L11609023127</u> .				
This amendment is submitted to amend the follow	ving:	,		
A. If amending name, enter the new name of t	the limited liability company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company,"	the designation "LLC" or the abbreviation		
Enter new principal offices address, if applical	ble:			
(Principal office address MUST BE A STREET	'ADDRESS)	·		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u> </u>			
B. If amending the registered agent and/or registered agent and/or the new registered offi		records, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	Enter 1	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.

CPPA

MGR = Manager

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:

MGRM = Managing Member Title <u>Name</u> <u>Address</u> Type of Action JOHN WRICHT MGRM 🔲 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 L Buratinal
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00