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J. SAULSBERRY EXAMINER SEP 0 1 2011

COVER LETTER

TO:	Registration S Division of Co				
SUBJI	ECT:	Okeechobee Re	al Estate Appraisal, LLC		
			ited Liability Company	-	
		•			
The en	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please	return all corresp	ondence concerning this matte	r to the following:		
		<u></u>	Joshua D. Mixon		
			Name of Person		
		Okaaahah	one Book Estate Appreient LLC		
		Okeechol	pee Real Estate Appraisal, LLC Firm/Company	_	
			, min company		
		• • • • • • • • • • • • • • • • • • • •	126 S. Parrott Avenue		
			Address	-	
		^	decadada El 04074	201 SE	
			keechobee, FL 34974 City/State and Zip Code	ZÖII AUG 3 SECRETAF ALLAHASS	~1
		im	ixon@mixongroup.com	IG 3	non se
		E-mail address:	(to be used for future annual report notification)	YYY SEE	¥
For fur	ther information	concerning this matter, please	call:	AM 8: FSTA FLOR	11 5
•	Jos	shua D. Mixon	at (863) 634-1778	59 TE A	
		of Person	Area Code & Daytime Telephone Numb		
			•		
Enclos	ed is a check for	the following amount:			
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy onal copy is enclo	osed)
	Regist Divisi P.O. B	LING ADDRESS: cration Section on of Corporations dox 6327 assee, 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

Okeechobee Real Es	state Appraisal, LLC				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record Liability Company)	S.) 72 29			
(, ·,				
The Articles of Organization for this Limited Liability Company	11 Emandassigned				
Fiorida document numberL11000053556	31 ARY SSE				
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liah	AM 8: 59 OF STATE E. FLORIDA				
		•			
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designa	tion "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	1126 S. Parrott Avenue				
(Principal office address MUST BE A STREET ADDRESS)	Okeechobee, FL 34974	<u> </u>			
Enter new mailing address, if applicable:	1126 S. Parrott Avenue				
(Mailing address MAY BE A POST OFFICE BOX)	Okeechobee, FL 34974				
		·			
		. b			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		nter the name of the new			
registered agent and/or the new registered office address her	<u>e</u> .				
Name of New Registered Agent:					
<u> </u>	·				
New Registered Office Address:	Enter Florida street address				
	Enter riorida street adaress				
	, Florida _				
	/	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 Changing Registered Agent, Signature of New Registered Agent

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** MGRM JD Moxin 1703 SW 2nd Street ☐ Add Okeechobee Fl 34974 ✓ Remove MGRM Joshua D. Mixon 1126 S. Parrott Avenue **✓** Add Okeechobee, FL 34974 Remove ☐ Add Remove Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) AM 8: 59 August 11 2011 Dated Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Joshua D. Mixon
Typed or printed name of signee