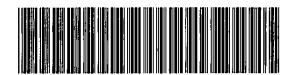
(Requestor's Name)			
(Addres	s)		
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PICK-UP	WAIT MAIL		
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(Document Number)			
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NOV 17 2011 EXAMINER



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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: American Appraisal Services, 1.L.C. Name of Limited Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Claudia Miller Name of Person					
The Antiques Appraiser					
621 Greenbriar Drive					
Lake Park, Florida 33403 City/State and Zip Code Theantiques appraiser @ hotmail. Com E-mail/address: (to be used for future annual report notification)					
theantiques appraiser Chotmail. Com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Claudia Miller at (561) 848-8466 Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certificate of Status}\$\$ Certified Copy					

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

American Appraisal Services 1.1.C

(Name of the Limited Liability (A Florida	ty Company as it now appears on a Limited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Florida document number <u>L 1100007214</u>		2 1- 2011 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The Antiques Apprais The new name must be distinguishable and end with the we "L.L.C."	er L.L.C. ords "Limited Liability Company," t	ne designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	No chang	<u>e</u>	
(Principal office address MUST BE A STREET ADD	RESS)	Pu -	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	No change	NOV 16 PN 1:4	
B. If amending the registered agent and/or registered agent and/or the new registered office ade		exords, enter the name of the new	
Name of New Registered Agent:	lo change		
New Registered Office Address:	Finter Fl.	orida street address	
	•		
	City	, 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>	<u>Name</u>	Address	Type of Action	
	<u> </u>		Add Remove	
			Add Remove	
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			Remove	
				
			Add	
			Remove	
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	·		Add	
			Remove	
D. If ame	ending any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)		
	No Change	, , , , , , ,		
-	100 Change		_	
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-			_	
-				
Dated	November 14, 2011	·		
	Claudia?	milla.		
	Signature of a member or	authorized representative of a member		
	Claudia	miller printed name of signee		
	Typed or	printed name of signee		

Page 2 of 2

Filing Fee: \$25.00