LIADDOOSIST

(Rei	questor's Name)			
(10.				
(Address)				
(Address)				
(City	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
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Special Instructions to f				
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Office Use Only



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D. BRUCE

JAN 26 2012

EXAMINER

COVER LETTER

TO: Registration S Division of Co	Section orporations			
SUBJECT:	OCEAN A	PPRAISALS LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
		REGINE SCHUTT		
		Name of Person		
	Ocean	Appraisals	ZLC	
·		Time company	•	
		2708 RIDGE ROAD		
		Address		
•	DAY	TONA BEACH, FL 321	18	
		City/State and Zip Code		
	E-mail address: (to be used for future annual report	notification)	18 7
For further information	concerning this matter, please	call:		JAN 25 PKI
RE	GINE SCHUTT	at (386)	316-7753	SER ST
	of Person	Area Code & Da	316-7753 aytime Telephone Number	F STATE PA
Enclosed is a check for	the following amount:			Bu ve
[] \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	losed) Certified	e of Status &

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

PPRAISALS LLC
ompany as it now appears on our records.) ited Liability Company)
npany were filed on January 9, 2012 and assigned
I liability company here:
AISAL SERVICES LLC
"Limited Liability Company," the designation "LLC" or the abbreviation
2708 RIDGE ROAD
DAYTONA BEACH, FL 32118
12 JAN 25 P
ed office address on our records; enter the name of the ness here:
Enter 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.

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 **Type of Action** <u>Title</u> <u>Address</u> <u>Name</u> ☐ Add Remove Add 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 1-22-2012 Signature of a member or authorized representative of a member Schutt
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00