

L12000082175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

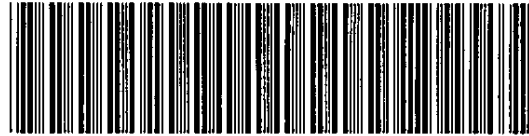
(Business Entity Name)

(Document Number)

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2013 OCT 10 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 11 2013
T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AMC PROFESSIONAL APPRAISERS, LLC

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:

RODGER L. SPINK

Name of Person

AMC PROFESSIONAL APPRAISERS, LLC

Firm/Company

9700 GRIFFIN ROAD

Address

COOPER CITY, FLORIDA 33328

City/State and Zip Code

RODGER@SPINKLAWLINK.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RODGER SPINK

Name of Person

at **(954) 392-9994**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

13 OCT 10 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 24, 2013

DEBORAH A TOCCI
9700 GRIFFIN RD
COOPER CITY, FL 33328

SUBJECT: AMC PROFESSIONAL APPRAISERS, LLC
Ref. Number: L12000082175

We have received your document for AMC PROFESSIONAL APPRAISERS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 213A00022460

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2013 OCT 10 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
in "ELC" or as abbrevi

2013 OCT 10 AM 3:4

FILED

A. If amending name, enter the new name of the limited liability company here:

Enter new principal offices address, if applicable:

9700 GRIFFIN ROAD

(Principal office address MUST BE A STREET ADDRESS)

COOPER CITY, FL 33328

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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 attending 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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated OCTOBER 9TH, 2013

Signature of a member or authorized representative of a member

RODGER L. SPINK

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**