

L13000006162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2013 AUG -5 PM 12:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Ouffigan AUG -5 2013

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **APPRAISE FLA, 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:

**Sidra Eckman**

Name of Person

**APPRAISE FLA, LLC**

Firm/Company

**102 NE 2ND STREET**

Address

**BOCA RATON, FL 33432**

City/State and Zip Code

**sidra@appraisefla.com**

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

For further information concerning this matter, please call:

**Sidra Eckman**

Name of Person

at ( **561 405-1511** )

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

July 16, 2013

SIDRA ECKMAN  
102 NE 2ND STREET  
BOCA RATON, FL 33432

SUBJECT: APPRAISE FLA, LLC  
Ref. Number: L13000069662

We have received your document for APPRAISE FLA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return 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.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 313A00017302

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2013 AUG -5 PM 12: 49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPRAISE FLA, LLC

(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 Liability Company were filed on MAY 13, 2013 and assigned  
Florida document number L13000069662.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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:

SIDRA ECKMAN

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.*

*Sidra Eckman*

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>       | <u>Address</u>   | <u>Type of Action</u>  |
|--------------|-------------------|--|--|
| MGRM         | Sidra Eckman      | 102 NE 2 <sup>nd</sup> St. Ste 213<br>Boca Raton, FL 33432 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              | Sidra E. Williams | 102 NE 2 <sup>nd</sup> St Ste 213<br>Boca Raton, FL 33432  | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                   |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                   |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                   |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                   |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                   |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

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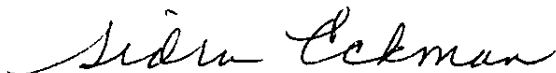
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Dated JULY 11, 2013.



Signature of a member or authorized representative of a member

**SIDRA ECKMAN**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

**FILED**  
**2013 AUG -5 PM 12:49**  
**ST. LOUIS COUNTY, MISSOURI**