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Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for tiling. Please return all correspondence concerning this matter to the following: James W. Rose Name of Person	un ident	EXPERTEVA	AL, LLC			
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S25,00 Filing Fee \$30,00 Filing Fee & Certificate of Status Status SW Rose Status	he enclosed	Articles of A	nendment and fee(s) are sub-	mitted for filing.		
Name of Person ExpertEval. LLC Firm/Company 2345 SW Creekside Dr Address Palm City. FL 34990 City/State and Zip Code jim@experteval.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: James W. Rose 772 475-8128 at () Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Enclosed is a check for the following amount: S25.00 Filing Fee	lease return	all correspond	lence concerning this matter	to the following:		
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Palm City, FL 34990 City/State and Zip Code jim@experteval.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: James W. Rose at (2345 SW Creekside Dr			
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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

EXPERTEVAL, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our i ted Liability Company)	records.)
The Articles of Organization for this Limited Liability Compa	any were filed on 12/20/2013	and assigned
Florida document number L13000175386		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	liability company here:	
The new name must be distinguishable and contain the words "Limited L	hability 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	ù	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered	d office address on our re	cords, enter the name of the n
registered agent and/or the new registered office address		26 DA
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		Florida Zip Code
	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

.

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Jay H Lucas	2345 SW Creekside Dr. Palm City. FL 34990	⊟ Add
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Effective date, if other than If an effective date is fisted, the date	e must be specific a	ind cannot be prior		эг more than 90 day		
Note: If the date inserted in the document's effective date on the				iling requiremen	ts, this date will n	ot be listed as (
ne record specifies a dela The 90th day after the			ot an effectiv	e time, at 12	:01 a.m. on th	ne earlier of
Dated July 26		2019	·			
	Signatura§	Sam	Wa-	tive of a member		
	oignature of	a vicinioer or auth	orizen representa	иче он а теппрет		
James W. Rose		-				

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