

L140000012064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

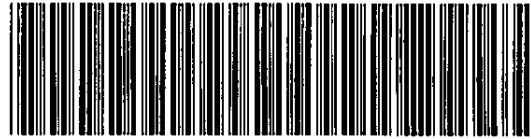
(Business Entity Name)

(Document Number)

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FILED  
JUL 2 2014  
BOSTON

B. BOSTICK

JUL - 1 2014

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Logical Appraisal Management Company, 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:

DOUGLAS W. MAUBORGNE

Name of Person

Logical Appraisal Management Company LLC

Firm/Company

1865 BACTUROL CT

Address

Lakeland FL 33803

City/State and Zip Code

DOUGMOBY @ hotmail.com

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

For further information concerning this matter, please call:

Douglas Mauborgne

Name of Person

at (863) 604-7194

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

\* I Am just adding my name as manager. DBPR said I  
needed to do this in addition to being the registered Agent.  
Thanks!

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Logical Appraisal Management Company 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 1-27-14 and assigned Florida document number L14000012064.

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 "LLC."

**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:

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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>          | <u>Address</u>    | <u>Type of Action</u>                   |
|--------------|----------------------|-------------------|-----------------------------------------|
| MGR          | DOUGLAS W. MAUBORQUE | 1865 BALTUSROL CT | <input checked="" type="checkbox"/> Add |
|              |                      | Lakeland FL 33803 | <input type="checkbox"/> Remove         |
|              |                      |                   | <input type="checkbox"/> Add            |
|              |                      |                   | <input type="checkbox"/> Remove         |
|              |                      |                   | <input type="checkbox"/> Add            |
|              |                      |                   | <input type="checkbox"/> Remove         |
|              |                      |                   | <input type="checkbox"/> Add            |
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|              |                      |                   | <input type="checkbox"/> Remove         |
|              |                      |                   | <input type="checkbox"/> Add            |
|              |                      |                   | <input type="checkbox"/> Remove         |

\* Only amendment  
this addition. ↑

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

Just add my name as Authorized manager.

Everything else unchanged.

Thanks!

Doy Mauborg

863 604 7194

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 6-30-2014.



Signature of a member or authorized representative of a member

Douglas W. MAUBORGNE

Typed or printed name of signee

FILED  
JUN 20 2014  
TALLAHASSEE, FL  
CLERK OF COURT