

L140000163483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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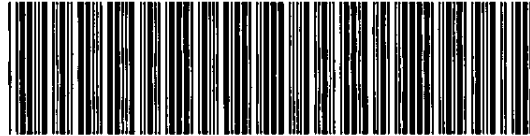
(Business Entity Name)

(Document Number)

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2015 OCT 26 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan OCT 27 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Palm Beach Appraisal Management co 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:

COREY INGUE
Name of Person
PALM BEACH APPRAISAL MANAGEMENT CO. LLC
Firm/Company
12744 MEADOWBREEZE DR.
Address
Wellington FL 33414
City/State and Zip Code
COREY@PALMBEACHAMC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

COREY INGUE at (561) 644-4535
Name of Person 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

ARTICLES OF ORGANIZATION
OF

PALM BEACH APPRAISAL MANAGEMENT CO., LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 10/20/14 and assigned
document number 414000163483

amendment is submitted to amend the following:

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

new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

er new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

ter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

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:

John R. Burgfechtel

New Registered Office Address:

6600 North Andrews Ave Suite 570
Enter Florida street address

Ft Lauderdale

City

Florida

33309

Zip Code

By 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.

John R. Burgfechtel
If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
AMBR	EVAN Conolly	42 Timber Knoll dr.	<input checked="" type="checkbox"/> Add
		Washington Crossing	<input type="checkbox"/> Remove
		P.A. 18977	<input type="checkbox"/> Change
AMBR	Matt Moore	62 GERMAN AVE	<input checked="" type="checkbox"/> Add
		NEWTON	<input type="checkbox"/> Remove
		P.A. 18940	<input type="checkbox"/> Change
AMBR	COREY Ingui	12744 Meadowbreeze DRIVE	<input checked="" type="checkbox"/> Add
		Wellington	<input type="checkbox"/> Remove
		FL 33414	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

10/21/2015

Corey Davis

Signature of a member or authorized representative of a member

COREY Ingui (Ingui)

Typed or printed name of signee