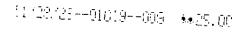
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Va	lue Onet	torida, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following	
	David	S. Kates	
	Value	- One Florida Firm Company	٤
	157115	• •	10
	12/19/30	crimshaw ()
	Tam	on, FL33	624
	$\frac{1}{1}$	City/State and Zip Code	
	E-mail address: (es@ proton m to be used for future annual report not	ail.com
For further information c	oncerning this matter, please co	,	
T-wid	S. Kates	G12 GG	2 / 4 40
Name o		at (815) Daytim	1 - 6009 c Telephone Number
(Carre	i i cimzii	Area Code (vayana	c reseptione summer
Enclosed is a check for th	ne following amount:		
1 \$25.00 Filing Fee	S30.00 Filing Fee &	S55,00 Filing Fee &	S60.00 Filing Fee,
gs 325.00 Fining Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	~		
Mailing Addres	\	Street Address:	
Registration S	Section \	Registration Sec	
Division of C		Division of Cor	
P.O. Box 632	,	The Centre of T	allahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cyame of the lamit	(A Florida Limited Liability Company)	in our records.
The Articles of Organization for this Limited L	iability Company were filed on 8	$\frac{5/3/2015}{}$ and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of Approximate Sal Log The new name inust be distinguishable and contained w	ic IIC	
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:		ords, enter the name of the new registered
New Registered Office Address:	0 0 0	
	Enter Florida	i street address
	City	, Florida 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 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>	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□ Remove
	****		□Add
			Change
			□Add
			Remove
			□ Change
			□ Add
		Remove	
			□Change
		 	DAdd
			Remove
			□ Changa

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Please revise original company name of
Value One Florida to Appraisa Logic, LLC.
Thank you,
E. Effective date, if other than the date of filing:
document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated November 17 2023 David S. Kates
David S. Kates Typed or printed name of signee

Filing Fee: \$25.00