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2011 JAN 23 AM II: 38
SECRETARY OF STATE

K. SALY JAN 25 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: N.P. Estimates & Appraisats, LVC  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:	
Christopher Mercado Name of Person	
N.P. Estimates & Approxisats LLC. Firm/Company	
27420 Dortch Avenue,	
Bonta fonns Ficuda 3-1135  City/State and Zip Code  Chrism coaching and Comal Code  E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Chastyphy Mercaclo at (239) 989-4789  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee \$ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  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 AMENDMENT **ARTICLES OF ORGANIZATION OF**

ARTI	CLES OF ORGANIZATION OF	2011 JAN 23  LUCIASEURI JAN 23  COORDS.)  AM 11: 38
Name of the Limite	MALES È Appia Sals, d Liability Company as it now appears on our re A Florida Limited Liability Company)	Cords.) AHASSEE STATE
The Articles of Organization for this Limited Lia Florida document number <u>L16000190</u>		17 2016 and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	(ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered off		ords, <u>enter the name of the new</u>
Name of New Registered Agent:	Christoph Marcado	
New Registered Office Address:	Enter Florida street a	ddress
	City	, Florida
	Cay	Ziji 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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

•		
MGR =	= Manager	
	R = Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Typed or printed name of signee

Filing Fee: \$25.00