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COVER LETTER.

TO: Registration Section
Division of Corporations

SUBJECT: SFPA Appraisal Group, 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:
AleJandro E Marrero Name of Person
SFPA Appraisal GrouP, LLC
16433 SW 72 Ter
City/State and Zip Code Flaco 216 @ GoL, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alelandro E Marrero at (786) 897 - 5800 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Certificate of Status Certified Copy 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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEPA A (Name of the Limited I	PPraise	al Grant	ouP,LC	<u>_</u> -	
(A)	Florida Limited Liabili	ty Company)	i records.		
The Articles of Organization for this Limited Liabi Florida document number <u>L 1800000</u>		filed on 1/10	2/18 a	nd assigne	×d
This amendment is submitted to amend the followi	ng:				
A. If amending name, <u>enter the new name of th</u>	e limited liability	company here:			
The new name must be distinguishable and contain the words	s "Limited Liability Co	mpany," the designation	on "LLC" or the abbreviat	ion "L.L.C."	.,
Enter new principal offices address, if applicabl	e:			· 	
(Principal office address MUST BE A STREET A	(IDDRESS)			===	A SE
				FEB 20	CRETARY
Enter new mailing address, if applicable:				-0	_ _ ₩5/c
(Mailing address MAY BE A POST OFFICE BO	<u></u>			<u></u>	15.
				<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		address on our 1	ecords, <u>enter the n</u>	ame of t	the new
Name of New Registered Agent:					
New Registered Office Address:					·
		Enter Florida stree	et address		
-		71.	, Florida	<i>a</i> .	
	•	City	Zıp	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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
<u>amb</u> r	Fuster, Susana	16433 5W 72 Ter	
		miani, F1 33193	Remove
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			Add
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Effective date, if other than the date of filing: ((aptional)) ((fin effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The 90th day after the record is filed. Dated February 14 , 2018		.1		
Effective date, if other than the date of filing:				
Effective date, if other than the date of filing:				
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Dated February 14, 2018.			irlier (of:
	Dated	February 14, 2018.		
All for		All 12 hours	_	
Signature of a member or authorized representative of a member AleJandro E Marrero Transfer representative of a member				

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Filing Fee: \$25.00