118000274593

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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 10, 2019

RICHARD J. ROBEY THE APPRAISER FASTLANE 1732 S. CONGRESS AVENUE, #358 PALM SPRINGS, FL 33461

SUBJECT: NATIONAL ASSOCIATION OF APPRAISERS LLC

Ref. Number: L18000274593

We have received your document for NATIONAL ASSOCIATION OF APPRAISERS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 819A00007250

Stacy Prather Regulatory Specialist III ? P11 2: n2

COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT:	The Apacals	Sec Festlane	
The enclosed Articles of An	nendment and fee(s) are subm	itted for filing.	
Please return all correspond	ence concerning this matter to	the following:	
		Charl J. Roker	<i>/</i>
	The	- Apple 1 Sec Fan	ttone
	1732 S	Congress Avenu	e 7358
	Talm Sa	City/State and Zip Code	5 <u> </u>
	E-mail address: (to	of . Clary really 6 be used for future Annual report notific	cation)
For further information con-	cerning this matter, please call	l:	
Name of Po	erd J. Robe	at (SZL) 543 Area Code Daytime	233.2 l'elephone Number
Enclosed is a check for the f	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 AMÉNDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited Liability Compa (A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1800274593	were filed on 11/29/2018 and assigned in 129/2018
This amendment is submitted to amend the following:	in the second
A. If amending name, enter the new name of the limited liab	ility company bere:
The Appraiser Fast a the new name must be distinguishable and contain the words "Limited Liabile and contain the words "Liabile and contain the word	ne LLC lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1732 S. Congress Avenue \$358 Palm Springs, FL 33461
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1732 S. Congross Avenue #358 Palm Springs, PL 33461
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new

Name of New Registered Agent:

New Registered Office Address:

Congress

New Registered Agent's Signature, if changing Registered Agent:

I hereive 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 we can 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

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>Tide</u>	<u>Name</u>	Address	Type of Action		
			Remove		
			Change		
			Add		
			☐ Remove		
			☐ Change		
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		-			
			Remove		
			Change		
		-			
			□ Remove		
			□ Change		

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	. ^	
	· · · · · · · · · · · · · · · · · · ·	
E. Effec	ive date, if other than the date of filing:	
Note:	fective 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 005,0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as sent's effective date on the Department of State's records.	(3)(b) the
if the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.	:
Dated	Morch 26 2019	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signee 5	
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	Page 3 of 3 Filing Fee: \$25.00	

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