L19000236409

| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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T. MATTHEWS

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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

| CUDIECT. | Futral V | aluations, LLC | | |
|-----------------------------|---|---------------------------------------|--|--|
| SUBJECT: | Name of Lim | ited Liability Company | | |
| The enclosed Anicles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all correspo | ndence concerning this matter | to the following: | | |
| | | Charles E. Futral | | |
| | | Name of Person | | |
| | | Futral Valuations, LLC | | |
| — Firm/Company | | | | |
| | | 7529 NW 136th Street | | |
| | | Address | | |
| | Name of Limited Liability Company sed Articles of Amendment and fee(s) are submitted for filing. Unatural Valuations and Person Futral Valuations. LLC Firm/Company 7529 NW 136th Street Address Gainesville, Florida 32653 City/State and Zip Code ed. futral@gmail.com E-mail address: (to be used for future annual report notification) r information concerning this matter, please call: Charles E. Futral Name of Person Area Code Daytime Telephone Number s a check for the following amount: O Filing Fee Certificate of Status Certificate Of Status Street Address: Legistration Section Street Address: Registration Section | | | |
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| | | · | Olification) | |
| For further information c | oncerning this matter, please c | an: | | |
| Charles | E. Futral | at (| | |
| Name o | f Person | Area Code Dayti | me Telephone Number | |
| Enclosed is a check for the | ne following amount: | | | |
| ■ \$25.00 Filing Fee | _ | Certified Copy | Certificate of Status & Certified Copy | |
| | | · · · · · · · · · · · · · · · · · · · | ection | |
| Division of Corporations | | Division of Corporations | | |
| P.O. Box 632 | | The Centre of | Tallahassee | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | Futral Valuations, LLC | | 14 F/I 3: 19 |
|---|---|---|---------------------------------------|
| (Name of the Limited Lia (A Flo | bility Company as it now appears rida Limited Liability Company) | s on our records.) | |
| The Articles of Organization for this Limited Liability | y Company were filed on | 09/20/2019 | and assigned |
| lorida document number L19000236809 | · | | |
| his amendment is submitted to amend the following | : | | |
| A. If amending name, enter the new name of the li | lmited liability company her | <u>re</u> : | |
| The new name must be distinguishable and contain the words "I | imited Liability Company," the de | esignation "LLC" or the a | obreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| Principal office address MUST BE A STREET AD | DRESS) | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| Mailing address MAY BE A POST OFFICE BOX) | | | - 10 |
| | | · · | 72 |
| | | | • • |
| 3. If amending the registered agent and/or registe | | cords, <u>enter the nan</u> | e of the new regis |
| gent and/or the new registered office address here | <u>e</u> : | | · · · · · · · · · · · · · · · · · · · |
| | | | دب |
| Name of New Registered Agent: | · | | |
| New Registered Office Address: | | | |
| | Enter Flori | da street address | |
| <u>. </u> | | , Florida | |
| | City - | | 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> | <u>Name</u> | Address | Type of Action |
|--------------|-------------------|--|----------------|
| MGR | Cynthia A. Futral | 7529 NW 136th Street, Gainesville, Florida 32653 | = Add |
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| ective date, if other than the d n effective date is listed, the date must be te: If the date inserted in this block nument's effective date on the Dep | e specific and cannot b k does not meet the | applicable statutory | g or more than 90 days | | |
| ecord specifies a delayed effective of sfiled. | date, but not an effec | ctive time, at 12:01 | a.m. on the cartier o | f: (b) The 90th day a | after the |
| January 21 | 2022 | | | | |
| The state of the s | Tull! | · | | | _ |
| <u> </u> | gnature of a member of | or authorized represen | itative of a member | | |

Typed or printed name of signee