422000182134

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COVER LETTER

	ation Section i of Corporations			
SUBJECT:	XACT PROPERTY	APPRAISAL, LLC		
SUBJECT:		nited Liability Company		
The enclosed Arti	icles of Amendment and fee(s) are sub	omitted for filing.		
Please return all c	correspondence concerning this matter	to the following:	20:	
	۸	IDA I MADINI	2022 SEP - 1 PM 12: 07	
	——————————————————————————————————————	Name of Person	<u> </u>	
			T	
	XACT PROPERTY APPRAISAL, LLC		_, LLC <u> </u>	
		Firm/Company	0	
	4474 PHILADELPHIA CIRCLE			
		Address		
	KIS	SSIMMEE, FL 34746		
		City/State and Zip Code		
		rin_aida@aol.com (to be used for future annual report no	tification)	
For further inform	nation concerning this matter, please c		,	
	•			
AII	AIDA L. MARIN at (407) 408-8317 Name of Person Area Code Daytime Telephone Number			
		•	•	
Enclosed is a che	ck for the following amount:			
\$25.00 Filing		☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
	Address:	Street Address:		
Registration Section		Registration Section Division of Corporations		
Division of Corporations P.O. Box 6327			The Centre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

XACT PROPERTY APPRAISAL, LLC		2022
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	SEP .
The Articles of Organization for this Limited Liability Company w Florida document number <u>L22000182134</u> .	vere filed on04/15/2022	and assigned SP OF STATE
This amendment is submitted to amend the following:)7
A. If amending name, enter the new name of the limited liabili	ity company here:	
XACT PROPERTY SER		
The new name must be distinguishable and contain the words "Limited Liability		reviation "L.L.C."
Enter new principal offices address, if applicable:	NOT APPLICABLE	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NOT APPLICABLE -	
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:		e of the new registered
Name of New Registered Agent:	pepiisble	
New Registered Office Address:	D Enter Florida street address 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 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>Address</u> Type of Action **Title** <u>Name</u> Z∕Add □Remove Change $\square Add$ □Remove □ Change □Remove □ Change \square Add □Remove ☐ Change $\square \mathsf{Add}$ □Remove □ Change SEP 0 1 2022

R. HUNT

SEP 0 1 2022

R. HUNT

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

AIDA L. MARIN

Typed or printed name of signee