

108000014139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

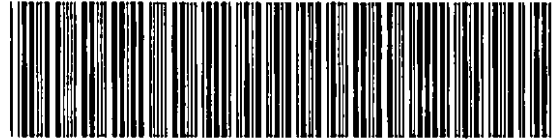
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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B FIGUEROA

JAN 18 2018



THE

CORNEAL LAW FIRM

January 12, 2018

Sent Via First Class

U.S. Mail

Division of Corporations

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

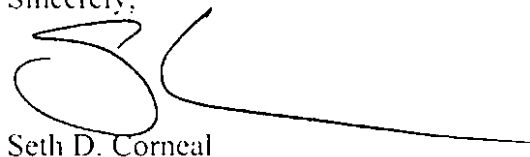
**Re: (Revised) Articles of Amendment to Articles of Organization
Olde Towne Title & Guaranty Agency, LLC – name change to
D.R. Oakley, LLC**

Dear Registration Section:

Please find the enclosed, original and one copy of the (revised) Articles of Amendment. Please contact our offices if there are any questions or issues with the proposed amendment, otherwise we understand that you have the requisite fee already in your possession and will be processing our request.

Thank you for your attention to this matter.

Sincerely,



Seth D. Corneal

Enclosure as stated



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 5, 2018

SETH D CORNEAL
509 ANASTASIA BLVD
ST AUGUSTINE, FL 32080

SUBJECT: OLDE TOWNE TITLE & GUARANTY AGENCY, LLC
Ref. Number: L08000014139

We have received your document for OLDE TOWNE TITLE & GUARANTY AGENCY, 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 designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of 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.

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 718A00000275

RECEIVED
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OLDE TOWNE TITLE & GUARANTY AGENCY, 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:

SETH D. CORNEAL

Name of Person

THE CORNEAL LAW FIRM

Firm/Company

509 A JASTASIA BLVD.

Address

ST. AUGUSTINE, FL 32080

City/State and Zip Code

RMCGEE@OLDETOWNETITLE.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SETH D. CORNEAL

Name of Person

at (904)

Area Code

819-5333

Daytime Telephone Number

Enclosed is a check for the 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 AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

OLDE TOWNE TITLE & GUARANTY AGENCY, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/07/2008 and assigned Florida document number L08000014139.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

~~D.R. US, LLC~~ D.R. OAKLEY, LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

601 COQUINA BLVD.
ST. AUGUSTINE, FL 32080

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

601 COQUINA BLVD.
ST. AUGUSTINE, FL 32080

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

601 COQUINA BLVD.
Enter Florida street address
ST. AUGUSTINE Florida 32080
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

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	MCGEE, ROBERT L.	601 COQUINA BLVD.	<input type="checkbox"/> Add
		ST. AUGUSTINE, FL 32080	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	MCGEE, DONNA H.	601 COQUINA BLVD.	<input checked="" type="checkbox"/> Add
		ST. AUGUSTINE, FL 32080	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D: If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: DEC. 31, 2017 (optional)

(If an 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated DECEMBER 28, 2017

[Handwritten Signature]
Signature of a member or authorized representative of a member

ROBERT L. MCGEE
Typed or printed name of signee

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