

L2000290316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

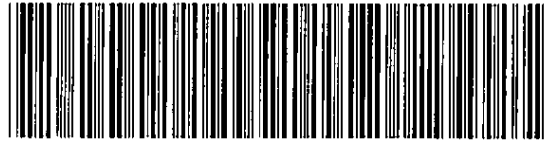
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300422976943

02/02/24--01038--005 **25.00

2024 FEB -2 AM 10:42
RECEIVED
MICHIGAN STATE
UNIVERSITY

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S & N MULTI-SERVICES & TAX PREPARATION, 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:

MARIE NELTA MONDE

Name of Person

S & N MULTI-SERVICES & TAX PREPARATION, LLC

Firm/Company

9050 PINES BLVD, STE 385

Address

PIEMBROKE PINES, FL 33024

City/State and Zip Code

NELTA@TITLEEXPERTSFL.COM

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

For further information concerning this matter, please call:

MARIE NELTA MONDE

954

937-5668

at ()

Name of Person

Area Code

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2024 FEB -2 AM 10:42

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

S & N MULTI-SERVICES & TAX PREPARATION, 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 SEPTEMBER 16, 2020 and assigned
Florida document number L20000290316.

This amendment is submitted to amend the following:

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

TITLE EXPERTS OF SFL & ESCROW SERVICES, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the a

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX)

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: _____

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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARIE NELTA MONDE	9050 PINES BLVD, STE 385	☐ Add
		PEMBROKE PINES FL 33024	☐ Remove
			☐ Change
MGR	STEEVE ALTIDOR	9050 PINES BLVD, STE. 385	☐ Add
		PEMBROKE PINES, FL 33024	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FORM 10-2
2017-2018
10-10-18
10:42

2021 JAN 26 AM 10:41
SUNSHINE
111

2021 JUN 26 AM 10:41
SUNY ALBANY LIBRARY

(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.

Dated FEBRUARY 1ST 2024

Signature of a member or authorized representative of a member

Maria Nelta Morade

Typed or printed name of signee

Filing Fee: \$25.00