# L19000091401

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(Address)
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JUN 05 2019 M. SOLOMON

# Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.Incserv.com

e-mail: accounting@incserv.com

### **ORDER FORM**

Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops mstops@incserv.com 850.656.7953

REQUEST DATE, 6/4/2019

**PRIORITY** Routine

OUR REF #\_(Order ID#) 747635

### PLEASE PERFORM THE FOLLOWING SERVICES:

File the attached amendment

NOTES:

\$25.00 Authorized

### RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, June 04, 2019 Page 1 of 1

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

US TITLE SE	ERVICES LLC	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Jiability Company)	
The Articles of Organization for this Limited Liability Company	were filed on April 2, 2019	and assigned
Florida document number L19000091401		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the	abbreviation "LaLC:"
Enter new principal offices address, if applicable:		- 3
(Principal office address MUST BE A STREET ADDRESS)		<del>-</del>
		Ü,₹ <b>-</b>
		# <u>#</u>
P-4		# % अर्थ <b>५</b>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Cin	7in Coda

### 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>	Address	Type of Action
MGR	Robert Caputo Esq.	444 Route 111	
		Smithtown, NY 11787	
			Remove
			Change
MGR	SERGIO SAIA	22 Twixt Hills Rd.	<b>=</b> Add
		Saint James, NY 11780	Remove
			Change
			OAdd
		<del> </del>	Remove S
			Change
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			☐ Remove
			LI Remove
			□ Change
			Add
			☐ Remove
			Change
			□ Change

Filing Fee: \$25.00