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(F	Requestor's Name)		
(Address)			
(<i>F</i>	Address)		
(0	City/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of Status		
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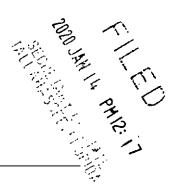
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COVER LETTER

Division of C				
SUBJECT: Title Gro	oup of Fort Myers, Ltd.			
	ime of Florida Limited Pa	rtnership or Limited L	iability l	Limited Partnership
The enclosed Certifi	cate of Amendment a	nd fee(s) are subn	nitted fo	or filing.
Please return all corn	espondence concerni	ng this matter to:		
Heather Collins				
	Contact Person		•	
Title Group of Fort Mye	rs. Ltd			
,	Firm/Company			
7910 Summerlin Lakes I	Drive			
	Address		•	
Fort Myers, Florida 339	07			
(City, State and Zip Code		•	
hcollins@titlegroupftm	yers.com			
E-mail address: (to	be used for future annual	report notification)		
For further informati	on concerning this ma	atter, please call:		
Heather Collins		at (²³⁹	454-664	14
Name of Conta	ct Person		d Daytim	e Telephone Number
Enclosed is a check t	for the following amo	unt:		
\$52.50 Filing Fee	☐\$61.25 Filing Fee and Certificate of Status	☐\$105.00 Filing and Certified Copy	у (□\$113.75 Filing Fee, Certified Copy, and Certificate of Status
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		The Cer	ntion Se n of Con ntre of T Monro	ction rporations Fallahassee e Street, Suite 810

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF



Title Group of Fort Myers, Ltd.

Insert name currently on file with Florida Department of State

	iose certificate was filed	I with the Florida Department of State on
06/14/1999 , as adopts the following certificate of ame		
This amendment is submitted to amend the		
A. If amending name, <u>enter the new na here</u> :	me of the limited partne	rship or limited liability limited partnership
New name must b	e distinguishable and contain	n an acceptable suffix.
Acceptable Limited Partnership suffixes: Limit Acceptable Limited Liability Limited Partnersh		
B. If amending mailing address and <u>principal office address here</u> :	or principal office add	dress, enter new mailing address and/or
New Principal Office Ad (Must be STREET address)	dress:	
New Mailing Address: (May be post office box)		
C. If amending the registered agent and/ registered agent and/or the new registere	or registered office addre d office address here:	ess on our records, enter the name of the new
Name of New Registered Agent:	Collins Title Affiliates,	lne.
New Registered Office Address:	7910 Summerlin Lakes Enter	Drive Florida street address
	Fort Myers	, Florida 33907
	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.

II Changing Registered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
GP	Pinnacle Title Company	13791 Metropolis Avenue, Ste 200 Fort Myers, Florida 33912	O ☐ Add ☐ Remove
			_
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			_ □ Add □ Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

This Limited Partnershi	hereby elects to be a "Limited Liabilit	y Limited Partnership."

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

[☐] This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

F. If amending any other info	ormation, (enter change(s	s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the da (Effective date cannot be prior to nor me State.)	nte of filin ore than 90 o	g:days after the di	ate this document is filed by the Florida Department of
•			statutory filing requirements, this date will not e's records.
Signature(s) of a general partne	er or all ge	eneral partn	ers*:
	mership" ele	ection statement	document unless the limited partnership is adding or . Chapter 620, F.S., requires all general partners to sign ection statement.)
Licher adent			
Signature(s) of all new or dissoc	iating ger	seral nartne	r(s), if any
<u></u>		, , , , , , , , , , , , , , , , , , ,	
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50		
Certificate of Status (optional):	\$8.75		