## 100000007513

(Requestor's Name)				
(Address)				
(Ad	idress)			
(Cir	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

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09 SEP 21 PH 1: 38

B. KOHR

SEP 2 1 2009

EXAMINER

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Fairway Title Services,	OSEP 21
	21 CONFORMATION OF THE PROPERTY OF THE PROPERT
	Art of Inc. File
	Annual Report / Reinstatement  Cert. Copy  Photo Copy  Certificate of Good Standing
	Certificate of Status  Certificate of Fictitious Name  Corp Record Search  Officer Search
Signature	Fictitious Search  Fictitious Owner Search  Vehicle Search  Driving Record
Requested by: Brander 9/2//09 Am Name Date Time	UCC 1 or 3 File  UCC 11 Search  UCC 11 Retrieval

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

O9 SEP 21 PM 1:38

Fairway Title Services, L.L.C., a Florida limited liability company

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

			00/07/0000		
The Articles of Organization for this Limited Lia		were filed on	06/27/2000	and assigned	
Florida document number L000000075	513				
This amendment is submitted to amend the follow	wing:			•	
A. If amending name, enter the new name of	the limited liabil	lity company here	•		
		Polk County, L			
The new name must be distinguishable and end with "L.L.C."				.C" or the abbreviation	
Enter new principal offices address, if applicable:		620 Robin Road			
(Principal office address MUST BE A STREET ADDRESS)		Suite 2			
	,	Lakeland, Florida 33803			
Enter new mailing address, if applicable:					
-,-	(A) (A)			<del></del>	
(Mailing address MAY BE A POST OFFICE B	(OX)				
•				18-1	
B. If amending the registered agent and/or registered agent and/or the new registered off			úr records, <u>enter th</u>	e name of the new	
Name of New Registered Agent:	Stein Sonnenschein Hochman & Peppler				
New Registered Office Address: 40 Alexandria Boulevard, Suite 1030					
New Registered Office Address:	Enter Florida street address				
		Oviedo , Florida 32765		22765	
	<del></del>	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Re	onistored Aments	<i>C,</i>		zip cone	
New Registeren Agent's Signature, il Changing Ri	egisteren Agent.				
I hereby accept the appointment as registered the provisions of all statutes relative to the pracept the obligations of my position as regist being filed to merely reflect a change in the re company has been notified in writing of this c	oper and compl tered agent as p egistered office	ete performance o rovided for in Ch	of my duties, and I am	n familiar with and Othis document is	

If Changing Register of Agent, Signature of New Registered Agent

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title; name, and address of each Manager or Managing Member being added or removed from our records:

	Manager  = Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
,	·		Add Remove
<del></del>			Add Remove
<del></del>			Add Remove
<del>a, i i (l) dh</del>			Add Remove
	·		Add Remove
). If an	Article VI - All company power shall be	(s) here: (Attach additional sheets, if necessary:) e exercised by, or under the authority of,	_
	of the Manager of the company.	ny shall be managed under the direction	<del>-</del>
وسيم	9/17/2009 200		<del>-</del>
Dated		or authorized representative of a member	
	Ø.	urtis R. Niehoff or printed name of signee	<del></del>

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Filing Fee: \$25.00