

LO1 000015242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/20/14 DEC 16 2014

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 3, 2014

ADAM KNIGHT
400 N ASHLEY DR SUITE 1500
TAMPA, FL 33602

SUBJECT: TITLEMARK OF SOUTH TAMPA, LLC
Ref. Number: L01000015242

We have received your document for TITLEMARK OF SOUTH TAMPA, 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 specific purpose of the entity must be set forth in the document.

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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 914A00025386

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TitleMark of South Tampa, 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:

Adam J. Knight

Name of Person

Hicks | Knight, P.A.

Firm/Company

400 N Ashley Drive, Suite 1500

Address

Tampa, Florida 33602

City/State and Zip Code

aknight@hicksknight.com

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

For further information concerning this matter, please call:

Adam J. Knight

Name of Person

at (

813 876-3113

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

TitleMark of South Tampa, 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 4, 2001 and assigned
Florida document number L01000015242.

This amendment is submitted to amend the following:

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

TitleMark, PLLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

400 N Ashley Drive, Suite 1500

(Principal office address MUST BE A STREET ADDRESS)

Tampa, Florida 33602

Enter new mailing address, if applicable:

400 N Ashley Drive, Suite 1500

(Mailing address MAY BE A POST OFFICE BOX)

Tampa, Florida 33602

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:

Adam J. Knight

New Registered Office Address:

400 N Ashley Drive, Suite 1500

Enter Florida street address

Tampa

Florida

City

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TALLAHASSEE, FLORIDA

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Henry W. Hicks	601 South Fremont Avenue	<input type="checkbox"/> Add
		Tampa, Florida 33606	<input checked="" type="checkbox"/> Remove
MGR	Adam J. Knight	400 N Ashley Drive, Suite 1500	<input checked="" type="checkbox"/> Add
		Tampa, Florida 33602	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

We are licensed to practice law

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated November 18, 2014.

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

Adam J. Knight
Typed or printed name of signee

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Filing Fee: \$25.00

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