

2016-07-18 13:30
7/18/2016

Mechanik Nuccio 8132761560 >> 850-617-6381
Division of Corporations

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LO1000019624
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000172141 3)))



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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : MECHANIK NUCCIO HEARNE & WESTER, P.A.
Account Number : 110727003105
Phone : (813)276-1920
Fax Number : (813)276-1560

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

2016 JUL 18 PM 2:03

TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MASTERPIECE TITLE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

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2016-07-18 13:30

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TO: Registration Section
Division of Corporations

SUBJECT: Masterpiece Title, 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:

Alfred A. Colby

Name of Person

Mechanik Nuccio Hearne & Wester, P.A.

Firm/Company

305 South Boulevard

Address

Tampa, Florida 33606

City/State and Zip Code

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

For further information concerning this matter, please call:

Sincey Catherwood

813 276-1920
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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Masterpiece Title, 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 November 14, 2001 and assigned
Florida document number L01000019624.

This amendment is submitted to amend the following:

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

LVH, LLC

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

Enter new principal offices address, if applicable:

21739 McCallie Court

(Principal office address MUST BE A STREET ADDRESS)

Land O' Lakes, Florida 34637

Enter new mailing address, if applicable:

21739 McCallie Court

(Mailing address MAY BE A POST OFFICE BOX)

Land O' Lakes, Florida 34637

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

City

Florida

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Laura A. VanHise	21739 McCallie Court	☐ Add
		Land O' Lakes, Florida 34637	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here:

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THE

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SECURITY STATE
TALLAHASSEE, FLORIDA

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

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated July 18, 2016

Signature of a member

Signature of a member or authorized representative of a member

Alfred A. Colby, Authorized Representative

Typed or printed name of signer

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Filing Fee: \$25.00

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