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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ · Certificates	of Status
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SECRETARY OF STATE
TALL WHASSEF FLOREITS

T. CLINE
AUG - 3 2012
EXAMINER

## **COVER LETTER**

commerce. Eo	uity Title, LLC					
SUBJECT:Eq		e of Limited Liability C	Company	<del></del>		
Dear Sir or Mada	m:					
The enclosed Arti	cles of Correction and fee(s)	) are submitted for filin	<b>g</b> .			
Please return all c	orrespondence concerning th	nis matter to the following	ng:			
Susanne M. Fulc	20	,				
	Name of Person		_			
Equity Title, LL	c					
	Firm/Company		<del></del>			
801 S Florida Av	enue Suite 8		•			
	Address		<del></del>			
Lakeland, FL 33	801		<u>.</u>			
	City/State and Zip Code					
frank@equity-titl			_	Ž.o		
E-mail addre	ss: (to be used for future ann	ual report notification)	_	148 24	12 AUG	হাক
		·		ASS.	ਰ -2	***
For further informa	ation concerning this matter,	please call:		in an	2	F
Frank J. Fulco		at ( 863	797-9856		<u> </u>	£.
N	lame of Person	Area Co	ode & Daytime Telephone Number		2	
STREET/COURI			MAILING ADDRESS:	,		
Registration Section Division of Corpora			Registration Section Division of Corporations			
Clifton Building	ations		P.O. Box 6327			
2661 Executive Cer Tallahassee, Florida			Tallahassee, Florida 32314			
Enclosed is a check	k for the following amount	·				
X \$25 Filing Fee	S30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy			
CR2E062 (08/05)						

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	QUITY TITLE, I ed Liability Comp A Florida Limited	LC any as it now appears on our recor- Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited	Liability Compan	y were filed on <u>03/22/2002</u>	and assigned
Florida document number L02000006893	<del></del> ·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Company," the designa	tion "LLC" or the abbreviatio
Enter new principal offices address, if applicable:		801 S. Florida Ave Ste 8	
(Principal office address MUST BE A STREET ADDRESS)		Lakeland, FL 338011-5242	
			<u> </u>
Enter new mailing address, if applicable:		801 S. Florida Ave Ste 8	2 AUG CRETA LAHAS
(Mailing address MAY BE A POST OFFICE BOX)		Lakeland, FL 338011-5242	SHA 7
B. If amending the registered agent and/ registered agent and/or the new registered of			ter the name of the new
Name of New Registered Agent:		~	
New Registered Office Address:	801 S. Florida	Ave Ste 8	
		Enter Florida stree	t address
	Lakeland,	, Florid	a 338011-5242
		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 as provided for in Chapter 608, 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 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:

MGR = Manager

MGRM = Managing Member <u>Title</u> Name **Address** Type of Action ☐ Add Remove □ Add Remove ☐ Add Remove ☐ Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00