L03000002050

(Requestor's Name)
(Address)
,
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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•
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J. SAULSBERRY EXAMINER DEC 1 5 2010

COVER LETTER

	Registration S Division of Co			
SUBJEC	ст: <u> </u>		NSURANCE AGENCY, I	LC
		Amendment and fee(s) are su	J	
			DIANA CARLSON	
			Name of Person	
		SYMPHONY T	TITLE INSURANCE AGENCY	', LLC
			Firm/Company	- ' '
		8895 NORTI	H MILITARY TRAIL SUITE C	-201 2
			Address	
		PALM B	EACH GARDENS, FL 33458	-201 2010 DEC 1
			City/State and Zip Code	- Internal Control of the Control of
		DIANA	@SYMPHONYTITLE.COM	
		E-mail address: (to be used for future annual report notifica	The state of the s
For furthe	er information c	oncerning this matter, please of	eall:	ज़िल ं 5
	DIAN	NA CARLSON	at (561) 72	21-9675
Name of Person			Area Code & Daytime T	
		ne 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			STREET/COURIER Registration Section	ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SYMPHONY TITLE INSURAI	NCE AGEN	CY, LLC			
(<u>Na</u>	me of the Limited Liability Company as i (A Florida Limited Liability	t now appears on y Company)	our records.)	· 		
The Articles of Organization	for this Limited Liability Company were	filed on	01/17/2003	and assigned		
Florida document number	L03000002050					
Γhis amendment is submitted	to amend the following:					
A. If amending name, enter	the new name of the limited liability co	ompany here:				
		····				
he new name must be distingu L.L.C."	ishable and end with the words "Limited Lia	ibility Company,"	the designation "LI	.C" or the abbrevia		
Enter new principal offices a	address, if applicable:					
Principal office address MU	ST BE A STREET ADDRESS)			1 5		
				8		
			The			
nter new mailing address, i	if applicable:		<u> </u>			
Mailing address MAY BE A	POST OFFICE BOX)		ر زین	<u> </u>		
			(C)			
				ှု ကု		
	ered agent and/or registered office ac	idress on our	records, enter the	$\frac{\omega}{e \text{ name of the } r}$		
egistered agent and/or the r	new registered office address here:					
Name of New Regist	ered Agent:	<u> </u>				
New Registered Offi	ce Address:	- 				
		Enter Florida street address				
			, Florida			
	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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager MGRM = Managing Member <u>Title</u> Name 1 Address Type of Action VP,T DEAN-HIPPLE, KATHLEEN 8895 NORTH MILITARY TRAIL ☐ Add SUITE C-201 Remove PALM BEACH GARDENS, FL 33410 VP,T DIANA M. CARLSON 8895 NORTH MILITARY TRAIL ✓ Add SUITE C-201 Remove PALM BEACH GARDENS, FL 33410 _ Add Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

-	
Dated	DECEMBER 10 2010
	Call III XI
	Signature of a member or authorized representative of a member
	MITCHELL L KITROSER

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00