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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
MAR 22 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HomePartners Title Services 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:

Rick Mueller

Name of Person

HomePartners Title Services LLC

Firm/Company

1535 Three Village Road

Address

Weston, FL 33326

City/State and Zip Code

rmueller@homepartnerstitle.com

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

For further information concerning this matter, please call:

Rick Mueller

954

434-7724 Ext. 1422

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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TALLAHASSEE, FLORIDA

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HomePartners Title Services LLC

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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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Marlen Rodriguez	1535 Three Village Road	<input type="checkbox"/> Add
		Weston, FL 33326	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Homepartners Title Inc.	2121 SW 3rd Ave	<input checked="" type="checkbox"/> Add
		Suite 601	<input type="checkbox"/> Remove
		Miami, FL 33129	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(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.

Dated March 10, 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee