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TALLAHASSEE, FLORIDA

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B. BOSTICK
OCT 15 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRODUCERS' 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:

Marianne Terrizzi

Name of Person

Producers' Title Services, LLC

Firm/Company

2101 Vista Parkway, Suite 205

Address

West Palm Beach, FL 33411

City/State and Zip Code

marianne@producerstitle.com and streamline760706@att.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marianne Terrizzi

Name of Person

at (561)

208-3836

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

TALLAHASSEE, FLORIDA

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

PRODUCERS' TITLE SERVICES, 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 5/9/2003 and assigned
Florida document number L03000016847.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

2101 Vista Parkway, Suite 205

West Palm Beach, FL 33411

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2101 Vista Parkway, Suite 205

West Palm Beach, FL 33411

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:

2101 Vista Parkway, Suite 205

Enter Florida street address

West Palm Beach, FL

, Florida

33411

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, 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	AUGUST BERNOLA	2101 Vista Parkway, Suite 205 West Palm Beach, FL 33411	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	BONNIE TAYLOR	2056 Vista Parkway, Suite 290 West Palm Beach, FL 33411	<input type="checkbox"/> Add <input checked="" 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

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

FILED
 12 OCT 12 PM 3:47
 FALL AFRASSEE, FLORIDA

Dated

October 3, 2012

 Signature of a member or authorized representative of a member
 Marianne Terrizzi
 Typed or printed name of signee