103000/6847

	(Requestor's Name)				
	(Address)				
(Address)					
	(City/State/Zip/Phone #)				
PICK-U	P WAIT MAIL				
	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					

Office Use Only



400301225494

07/13/17--01017--015 **\$0.00

FILED

2017 JUL 13 PH 1: 40

SCURFIARY OF STATE

K. SALY JUL 1 4 2017

COVER LETTER

Producer: SUBJECT:	s' Title Services, LLC	
5005EC1.	Name of Limited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are submitted for filling.	
Please return all corresp	pondence concerning this matter to the following:	
	Scan Batcheler	
	Name of Person	
	Producers' Title Services, LLC	
	Firm/Company	
	2101 Vista Pkwy, Suite 253	
	Address	
	West Palm Beach, FL 33411	
	City/State and Zip Code	
	scan@producerstitle.com	
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please call:	
Sean Batcheler	561 779-3329 	
Name e	of Person Area Code Daytime Telephone Number	_
Enclosed is a check for t	the following amount:	
3 \$25.00 Filing Fee	■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fe Certificate of Status	status &

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

TO:

Registration Section Division of Corporations

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 JUL 13 PM 1: 40

SELVETARY OF STATE

MILLAHASSEE, FLORIOA

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 Co.	ompany were filed on May 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 limit	ed liability company here:			
Producers' Title, LLC				
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "I	LC' or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	7881			
The state of the s				

Enter new mailing address, if applicable:				
				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registe registered agent and/or the new registered office address Name of New Registered Agent:	ss here:	rus, enter the name of the new		
New Registered Office Address:				
Negistered Office Address.	Enter Florida street add	ress		
	m			
	City	Florida		
New Registered Agent's Signature, if changing Registered /		•		
hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and conaccept the obligations of my position as registered agencing filed to merely reflect a change in the registered company has been notified in writing of this change.	d agree to act in this capacity. L plete performance of my duties, nt as provided for in Chapter 603	and I am familiar with and 5. F.S. Or. if this document is		
į	lf Changing Registered Agent, Signatur	of New Decision of Assess		

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 2017 JUL 13 PM 1:40 AMBR = Authorized Member SECRETARY OF STAIT TALLAHASSEE, FLORIDA Title Name <u>Address</u> Type of Action _□ Add ____

Remove ____

Remove ____ Change ____ □ Add ____

Remove _____ Change _____ 🗀 Add _□ Remove _ Change _ 🗆 Add _____

Remove _____

Change _____ 🗖 Add _____ Remove

<u> </u>			2017 JUL 13 PA
			54. PM
			TALLAHASSEE STOR
		-	· · · · · · · · · · · · · · · · · · ·
			COR
			
	-		
			
			· · · · · · · · · · · · · · · · · · ·
			
<u> </u>			
			
Tective date if ather than t	so date of filings		
an effective date is listed, the date	just be specific and cannot be prior	o date of filing or more than 90 d	_ (optional) ays after filing.) Pursuant to 605.020
ote: If the date inserted in this	block does not meet the applica Department of State's records.	ble statutory filing requireme	nts, this date will not be listed as
reament a circuive date (ii) til	Department of State's records.		
e record specifies a delay The 90th day after the r	ad effective date, but not scord is filed	an effective time, at 1	2:01 a.m. on the earlier o
The source and the r	cold is filed.		
ated	2017		
ated		_ •	
	-1-7	,	
Sur	Signature of a number or author	ized representative of a mombi-	

Page 3 of 3

Filing Fee: \$25.00