

LD3000039478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

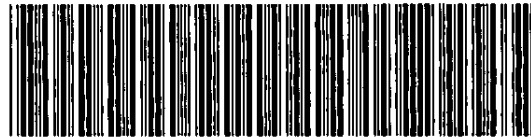
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

MAY 09 2014

S. YOUNG

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ATTORNEYS AT LAW

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† ALSO ADMITTED IN ILLINOIS

April 29, 2014

Florida Department of State
Division of Corporations
PO Box 6250
Tallahassee, FL 32314

Re: *Greater Florida Title VI, L.L.C.*
Document No. L03000039478
Our file No.: 064-14

Dear Sirs:

Enclosed please an Articles of Amendment to Articles of Organization of the above referenced limited liability company along with a check in the amount of \$25.00 representing the fees associated with the Amendment.

If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,



Erin Walker
Legal Secretary

ENCLOSURE

/enw

c/trans/GFT re: Associates/letter to Department of State_GFT VI_04.29.14

www.korshaklaw.com

950 S. WINTER PARK DR., SUITE 320, CASSELBERRY, FL 32707

Office (407) 855-3333 Facsimile (407) 855-0455

South Office (By Appointment Only) 13574 Village Park Dr., Suite 235, Orlando, FL 32837

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SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Greater Florida Title VI, L.L.C.

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:

ERIN WALKER

Name of Person

KORSHAK & ASSOCIATES, P.A.

Firm/Company

950 S WINTER PARK DRIVE SUITE 320

Address

CASSELBERRY, FL 32707

City/State and Zip Code

EWALKER@KORSHAKLAW.COM

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

For further information concerning this matter, please call:

ERIN WALKER

Name of Person

at 407 855-3333

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Company
Greater Florida Title VI, L.L.C.

(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 October 15, 2003 and assigned
Florida document number L03000039478.

This amendment is submitted to amend the following:

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

Associates' Title Group, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: Korshak & Associates, P.A.

New Registered Office Address: 950 S. Winter Park Drive, Suite 320

Enter Florida street address

Casselberry, Florida 32707

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 605, 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.

NOTICE
TALAMASSEE
SECRETARY
STATE
FLORIDA

Stephen D. Korshak
If Changing Registered Agent, Signature of New Registered Agent

32 MAY 14 2004

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove

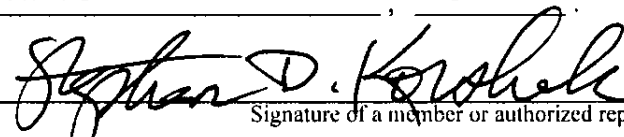
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 29, 2014



Signature of a member or authorized representative of a member

Stephen D. Korshak

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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