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	(Re	questor's Name)		
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PICK	.UP	☐ WAIT		MAIL
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Certified Copies_		cument Number		
Special Instruction	ons to	Filing Officer:		
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TRANSMITTAL LETTER

Division of	Corporations		
SUBJECT:	The Ti	tle Firm, LLC.	
-	(Name of Li	mited Liability Company)	
The enclosed Articles	s of Amendment and fee(s) are sul	bmitted for filing.	
Please return all corre	espondence concerning this matter	r to the following:	
		Corliss Smith	
	G	Name of Person)	
		Title Firm, LLC.	
	C	Firm/Company)	
	292	20 NW 69 Ave	
	.,	(Address)	
-		gate, FL 33063 /State and Zip Code)	
For further information	on concerning this matter, please of	call:	
	Corliss Smith	//	-7149 결국 달
	(Name of Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a check for	the following amount:		100 m
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) 	Sectificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

				·		Title Firm							
				(A J	(Pro Florida Lim	esent Nam ited Liabi	ie) lity Compa	any)		,			
FII	RST: 7	The Arti locume	icles of Organiz nt numberL	zation were 04000035	e filed on _ 5710	May 3	2004		and	assign	eď		
SE			ollowing amen company:	dment(s)	to the Ar	ticles of	Organiza	tion wa	s/were	adopte	ed by th	ne limi	ted
The follow		- Dorot 2920	eeds to be upd hy Nelson NW 69 Ave ate, FL 33063	ated The	Title Firm,	LLC., is r	emoving	a Mana	ging Me	mber:			
After Dorc	othy Nelso	n is dele	eted from The	Title Firm,	LLC, Cor	liss Smith	n title is to	be cha	nged fro	m Mai	nager to	Mana	ging Membe
The revise	ed articles	should	read as the fol	lowing:							4		
Title	Name and Address								,	Eg	<u>.</u>	×'''''''''''''''''''''''''''''''''''''	
MGRM- MGRM-	Andre S Corliss		(2920 NW 69 (2920 NW 69									101 22 P	
Da	ted		November 17	<u></u>	, 2004					-5.		ري دي	***
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			Signa	uire of a m	ember or at	unorized i	epresentat	nve or a r	nember				
			·			liss Smith							
	·		- 		Typed or pr	inted nam	e of signee	•				-	

Filing Fee: \$25.00