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	(Requestor's Name)				
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· .	(City/State/Zip/Phone #)				
PICK-UF	P WAIT	MAIL			
· · · · · · · · · · · · · · · · · · ·	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of S	Status			
Special Instructions to Filing Officer:					
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Office Use Only



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C. LEWIS

JUL 1 2 2010

EXAMINER

COVER LETTER
O: Registration Section Division of Corporations
SUBJECT: Washington Title Company, LLC Name of Limited Liability Company
he enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cesar Rodriguez. Name of Person Washington title Company, Lec Firm/Company
10344 SW 9 terrace
Miani, FL 33174 City/State and Zip Code elcineus@ Vahoo. com
E-mail address: (to be used for future annual report notification)
for further information concerning this matter, please call:
Cesar Rodrique? 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

S55.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Washington	title	Comb	any, LL	2018 JUL -9 PM # 15	
(Name of the Limited Li		as it now apr		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
The Articles of Organization for this Limited Liab	ilita Cammana	iono Cladion	0 0		
*		vere med on _		and assigned	
Florida document numberL0400005	8000				
	,		•		
This amendment is submitted to amend the follow	ring:	f +			
A. If amending name, enter the new name of the	<u>ie limited liabil</u>	ity company	here:		
Watico Publishii	na. LL		- ! - ! 		
The new name must be distinguishable and end with t		d Liability Cor	npany," the designation	on "LLC" or the abbreviation	
"L.L.C."			•		
Enter new principal offices address, if applicab	le:				
(Principal office address MUST BE A STREET.	ADDRESS)		NA		
	•				
		•	,		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	0X)		N/A		
			t		
B. If amending the registered agent and/or			n our records, <u>ent</u>	er the name of the new	
registered agent and/or the new registered offic	<u>e address here</u> :		† .	•	
	***	1 4 4	$\Lambda I / \Lambda$		
Name of New Registered Agent:		* * * * * * * * * * * * * * * * * * * *	1-0 / 21	<u> </u>	
New Registered Office Address:			· · · · · · · · · · · · · · · · · · ·		
	Enter Florida street address				
	, Florida			a	
	•	City		Zip Code	
New Registered Agent's Signature, if changing Reg	gistered Agent:	•	1		
	•			<u>.</u>	
I hereby accept the appointment as registered a the provisions of all statutes relative to the pro					
accept the obligations of my position as registe					
being filed to merely reflect a change in the res	gistered office a				
company has been notified in writing of this ch	ange.	- ,	N/A		
	If Chang	ing Registered	Agent, Signature of No	w Registered Agent	

or Ma	ending t inaging	he Managers or Managing Members on <u>Member being added or removed from (</u>	our records, <u>enter the title, name, and add</u> our records:	ress of each Manager
	= Mana M = Ma	nger Inaging Member		
<u>Title</u>		Name	Address	Type of Action
N	<u>A</u>		:	Add Remove
				Add Remove
				Add Remove
	· · · · · ·			Add Remove
	- -	·		Add Remove
				Add Remove
D. If	amendii <u>(</u>	ng any other information, enter change(s	here: (Attach additional sheets, if necessary, hanging prom ne business hishins busines).
	9	book Put	plishing busine	<u>1</u>
Dated		Signature of a member or	authorized-representative of a member	ZIN JUL-9 PH
		Cesan Typed or	printed name of signee Page 2 of 2	FLARIDA

Filing Fee: \$25.00