104.0000 88363

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

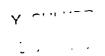
Office Use Only



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COVER LETTER

то:	Registration Se Division of Cor			
CIIDI	Intracoastal	Title LLC		
SUBJ	EC1:	Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Deborah Martz Lysaght		
			Name of Person	
		Intracoastal Title LLC		
			FirmvCompany	
		374A Tequesta Drive		
			Address	·
		Tequesta, FL 33469		
		DML@IntracoastafTitleFL.	City/State and Zip Code com	
		E-mail address; ()	to be used for future annual report notif	feation)
For fu	erther information c	oncerning this matter, please co	all:	
James	Lysaght		561 308-9990 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	ne following amount:		
■ \$3	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Intracoastal Title LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on December 4, 2004	and assigned
Florida document number L0400088363		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability 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	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address by	l office address on our records, <u>ento</u> here:	2019 NOV — I To the name of the name
None of New Books and Assess		<u> </u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	·
	. Florida	
- 	City . Florida	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.

If Changing Registered Agent, Signature of New Registered Agent

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	James J. Lysaght	115 Andros Harbour Place Jupiter, FL 33458	Add
			☐ Remove
	•		☐ Change
			O Add
			Remove
			□ Add
			Remove
			Change
			☐ Remove
			Change
	<u>-</u>		
			☐ Remove
			Change
			Add
			□ Remove
			□ Change

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Tective o	date, if other	than the date	of filing: _		1 5 7 1		_ (optional)	Pursuant to 605.020
ote: If th	ie date inserted	in this block do on the Departi	oes not meet	the applicab	date of filing o	rmore man 90 c ling requireme	ents, this date	russiant to 605.020 will not be listed a
		delayed effe the record is		, but not	an effectiv	e time, at 1	2:01 a.m. d	on the earlier o
ated Oct	ober 31		. 20	019	, .			
		1	— , –					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00