

L05000077046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

L05- 77046

(Document Number)

Certified Copies 1

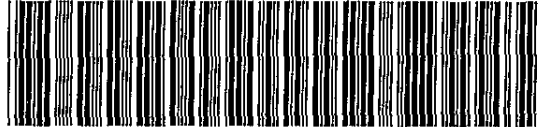
Certificates of Status

Special Instructions to Filing Officer:

9/19

amend

Office Use Only



300059724403

09/19/05--01038--004 \*\*55.00

M. HODGES

FILED

05 SEP 19 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Atlantic States Title, LLC  
(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:

LARRY PRIMMIDI  
(Name of Person)

Atlantic States Title, LLC  
(Firm/Company)

3001 Bayview Drive  
(Address)

Ft. Lauderdale, FL 33306  
(City/State and Zip Code)

For further information concerning this matter, please call:

LARRY PRIMMIDI at (770) 490-6462  
(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

☒ \$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

Atlantic States Title, LLC

(Present Name)  
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 8/3/05 and assigned  
document number 4050000 77046.

SECOND: This amendment is submitted to amend the following:

Jill G. Ward has resigned as a Manager  
of the company and is thus, no longer affiliated  
with the company.

Dated September 14, 2005.

  
Signature of a member or authorized representative of a member

Lawrence N. Reimondi, Jr.  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 SEP 19 PM 4:09

FILED

Filing Fee: \$25.00