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S. HAWKES
SEP 1 8 2009
EXAMINER

COVER LETTER

TO:

TO:	Registration So Division of Con				
SUBJE	ECT:	AmeriClose	Title Agency, LLC		
			ted Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
	Joshua Cahill Name of Person				
Cahill Enterprises, LLC Firm/Company					
			P.O. Box 142702		
	Address				
			Painacuilla El 22614		
			Gainesville, FL 32614 City/State and Zip Code		
		Jcahi	llenterprises@gmail.co	om	
		E-mail address: (i	to be used for future annual repor	rt notification)	
For fur	ther information o	concerning this matter, please c	all:		
	Jo	oshua Cahill	at (_ 813 ₎	541-9690	
	Name o	of Person	Area Code & I	Daytime Telephone Number	
Enclose	ed is a check for t	he following amount:			
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Regist Divisio	JING ADDRESS: ration Section on of Corporations lox 6327	STREET/CO Registration Division of C Clifton Build	Corporations	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AmeriClose Title Agency, LLC

(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 ____November 22, 2005 __ and assigned

Florida document numberL05000112880	nility company here: rises, LLC		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
Cahill Enterp	rises, LLC		
The new name must be distinguishable and end with the words "Limi" L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	777 N. Ashley Dr., Suite 1106		
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33602		
Enter new mailing address, if applicable:	P.O. Box 142702		
(Mailing address MAY BE A POST OFFICE BOX)	Gainesville, FL 32614		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:			
The state of the s	Enter Florida street address		
	, Florida City Zip Code		
	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 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM =	MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action			
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•			Remove			
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			Add Remove			
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D. If amen	iding any other information, enter chan	age(s) here: (Attach additional sheets, if necessary	v.)			
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_	انجی ا					
Dated	September 15th, 20	009.				
	Signature of a memb	er or authorized representative of a member				
	Туре	Joshua Cahill ed or printed name of signee				

Page 2 of 2

Filing Fee: \$25.00