

LD000042031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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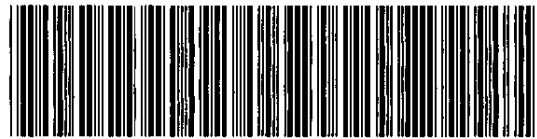
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G. MCLEOD

AUG 27 2009

EXAMINER



900159327849

08/26/09--01018--001 **25.00

FILED
SECRETARY OF STATE
DIVISION OF REVENUE
09 AUG 26 AM 6:17

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Majestic 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:

Virgen Mcgriff

Name of Person

Majestic Title LLC

Firm/Company

8902 North Dale Mabry , suite 201

Address

Tampa , FL 33618

City/State and Zip Code

virgensmilleniafg@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Virgen Mcgriff

Name of Person

at (813)

900-1193

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

SECRETARY OF STATE
DIVISION OF CORPORATE FILINGS
09 AUG 26 AM 6:17

Majestic Title , 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 April 22, 2009 and assigned
Florida document number L06000042031.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Majestic Title LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

8902 North Dale Mabry Hwy, Suite 201

(Principal office address MUST BE A STREET ADDRESS)

Tampa, Fl 33618

Enter new mailing address, if applicable:

97 Sagecrest Drive

(Mailing address MAY BE A POST OFFICE BOX)

Ocoee, fl. 34761

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Virgen Mcgriff

New Registered Office Address:

8902 North Dale Mabry Hwy, Suite 201

Enter Florida street address

Tampa
City

, Florida

33618
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.

Signature of New Registered Agent
If Changing Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mgr/mg	Virgen McGriff	97 Sagecrest Drive Ocoee, FL 33618	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
mgrm	Apasara Miller	8902 North Dale Mabry Hwy, suite 201 tampa, fl 33618	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

You are to take off Ms Apasara Miller as mgrm

Dated August 17, 2009

Signature of a member or authorized representative of a member

Virgen McGriff, and Apasara Miller

Typed or printed name of signee