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APR 15 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Equitable Title of West Orlando, 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:

Sandy Johnston

Name of Person

Equitable Title of West Orlando, LLC

Firm/Company

6985 Wallace Road

Address

Orlando, FL 32819

City/State and Zip Code

sjohnston@equitabletitle.com

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

For further information concerning this matter, please call:

Sandy Johnston

at (407) 370-6664

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

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Carlos Fernandez	6985 Wallace Road	<input type="checkbox"/> Add
		Orlando, FL 32819	<input checked="" type="checkbox"/> Remove
MGR	Leigh Anne Nichols	6985 Wallace Road	<input checked="" type="checkbox"/> Add
		Orlando, FL 32819	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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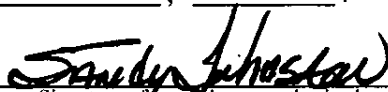
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TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 19, 2015



Signature of a member or authorized representative of a member

Sandy Johnston

Typed or printed name of signee

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Filing Fee: \$25.00

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