LOGOGO SMFSS

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

Office Use Only



300269222423

03/24/15--01039--016 **25.00



WS APR 1 5 7015

COVER LETTER

	gistration Sec vision of Corp			
CUDIECT	Equitable	Title of West Orlando,	LLC	
SUBJECT:		Name of Limi	ited Liability Company	
The enclose	d Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please retur	n all correspoi	ndence concerning this matter	to the following:	
		Sandy Johnston		
			Name of Person	
•		Equitable Title of We	est Orlando, LLC	
			Firm/Company	
		6985 Wallace Road		
			Address	
		Orlando, FL 32819		
			City/State and Zip Code	
		sjohnston@equitable		<u>,-</u>
		E-mail address: (t	to be used for future annual report notific	cation)
For further	information co	oncerning this matter, please ca	all:	
Sandy J	ohnston		407 370-6664 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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

Equitable Title of West Orlando, 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 08/28/2006 and assigned Florida document number L06000084859 This amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address Florida 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

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Address	Type of Action
MGR	Carlos Fernandez	6985 Wallace Road	
		Orlando, FL 32819	Remove
	,		
.MGR	Leigh Anne Nichols	6985 Wallace Road	Add
•		Orlando, FL 32819	□ Remove
			Add
			☐ Remove
			Remove
			R N Sada
		12.	□ Remove
			Add
			Remove

). I	f amending any other informat	ion, enter change(s) here: (Attach add	ditional sheets, if necessary.)
			·
	·		
(T	Effective date, if other than the the effective date must be specific, cannot the date this document is filed by the Flo	late of filing: t be prior to date of receipt or filed date and can rida Department of State)	(optional) not be more than 90 days after
	Dated March 19	2015	
		Sandy Juhoslaw Signature of a member or authorized representa	ative of a member
		Sandy Johnston	

Page 3 of 3

Filing Fee: \$25.00

15 MAR 24 PM 1:56