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EXAMINER

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12/22/08--01034--014 **25.00

COVER LETTER

_{SUBJECT:} Equitab	ole Title of Greater T	ampa, LLC			+
		ited Liability Company)			_
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondence	ondence concerning this matter	to the following:			
	Sandy Johnston				
		(Name of Person)			
	Equitable Title of Greate	r Tampa II C			
(Firm/Company)					
	6985 Wallace Road	(4.11			
		(Address)	ALL	2008	
	Orlando, FL 32819		A R	330	7
		(City/State and Zip Code)	ASSI ASSI	2008 DEC 22	
			me.	PH	m
For further information c	oncerning this matter, please o	call:		ÿ	
Sandy Johnston	•	at (407 ₎ 370-6664	<u>S</u>	8	
	of Person)	(Area Code & Daytime Telephone Numb		_	
Enclosed is a check for the	ne 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 Fe Certificate of S Certified Copy (additional cop	Status &	losed)
			ADDDECC		

MAILING ADDRESS:

Registration Section
Division of Corporations

TO:

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 Greater Tampa, LLC					
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now app da Limited Liability Compan	ears on our record	<u>ls.</u>)		-
The Articles of Organization for this Limited Liability	ty Company were filed on _	December 15, 200	16	and	assigned
Florida document number L06000119480	•				
This amendment is submitted to amend the following	ς:				
A. If amending name, enter the new name of the	limited lighility company l	here:			
ar in amonaning name, enter the new manne or the	in the same of the				
The new name must be distinguishable and end with the	words "Limited Liability Cor	npany," the designa	 tieត្ "LI	_C!er tl	ne abbreviatio
The new name must be distinguishable and end with the "L.L.C."	·	,			
Enter new principal offices address, if applicable:				330	
(Principal office address MUST BE A STREET AL			SSE	22	
· · · · · · · · · · · · · · · · · · ·			1.3	PM	ITI
			STATE LORID	ÿ	U
Enter new mailing address, if applicable:			AGE AGE	8	
(Mailing address MAY BE A POST OFFICE BOX					
	-				
B. If amending the registered agent and/or re		n our records, <u>e</u>	nter th	e nam	e of the nev
registered agent and/or the new registered office a	<u>iddress here</u> :				
, .	•				
Name of New Registered Agent:			 -		
New Registered Office Address:					
		(Enter Florida str	eet addi	ress)	
		, Flori	ida		
	(City)			(Zin (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 Changing Registered Agent, Signature of New 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

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM_	Kathryn Cassidy	13575 58th Street N. Clearwater, FL 33760	Add Remove
MGRM	F. Larry Joseph	13575 58th Street N. Clearwater, FL 33760	Add Remove
			Add Remove
			Add Remove
			Remove
D. If amend	ding any other information, enter ch	nange(s) here: (Attach additional sheets, if nec	Remove
_			
Dated Decei	mber 17 , 20	008	

Page 2 of 2

Filing Fee: \$25.00