

W7000002264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300113155013

12/18/07--01043--002 **55.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 DEC 18 AM 10:05

FILED

OK 12-21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Alianz Agency Group, 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:

Melinda Green

(Name of Person)

(Firm/Company)

6463 Amberjack Terrace

(Address)

Margate, FL 33063

(City/State and Zip Code)

For further information concerning this matter, please call:

Melinda Green

(Name of Person)

at (**561**) **241-9974**

(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

2007 DEC 18 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FL 32301

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Alianz Agency Group, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 01/08/07 and assigned
document number L07000002264.

SECOND: This amendment is submitted to amend the following:

The new name of the company shall be:

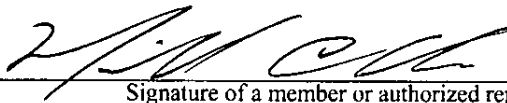
USA Title Agency Group, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 DEC 18 AM 10:05

FILED

Dated December 10, 2007



Signature of a member or authorized representative of a member

Member

Typed or printed name of signee

Filing Fee: \$25.00