## L07000054517

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Regi	istration Sec sion of Corp	tion orations		
CUP ID CT	TransAmeric	can Title Insurance, LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Alexander B Rotbart		
			Name of Person	
		TransAmerican Title Insur	ance LLC	
			Firm/Company	<del></del>
		101-103 East Palmetto Par	k Road	
			Address	
		Boca Raton, FL 33432		
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report notific	cation)
For further in	iformation co	ncerning this matter, please ca	all:	
Alexander B	. Rotbart		561 922-3217 at ( )	
	Name of	Person		Telephone Number
Enclosed is a	check for the	e following amount:		
\$25.00 F	iling 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

ny as it now appears on our records.) Liability Company)
were filed on 05/22/2007 and assigned
ility company here:
ity Company," the designation "LLC" or the abbreviation "L.L.C."
101-103 East Palmetto Park Road
Boca Raton, FL 33432
101-103 East Palmetto Park Road
Boca Raton, FL 33432
ffice address on our records, <u>enter the name of the new</u>
Enter Florida street address
, Florida
City Zip Cale
ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = N $AMBR = N$	Manager Authorized Member		,
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
		<del></del>	
			□ Add
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			Remove Remove
	/	-	
-			□ Remove
			Change.

	<u> </u>
<b>4 !</b>	date, if other than the date of filing: (optional)
effecti	we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 's effective date on the Department of State's records.
recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
he 90	Oth day after the record is filed.
Im	ne 3, 2015
ted	, —————————————————————————————————————
	\$ To
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00