20700085612

| (Rec | questor's Name) | | | |
|---|-------------------|-------------|--|--|
| . (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | quodioi o maino, | | | |
| (Address) | | | | |
| (| , | | | |
| (Address) | | | | |
| | | | | |
| (City | y/State/Zip/Phone | e #) | | |
| | _ | _ | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| | | | | |
| (Bus | siness Entity Nar | ne) | | |
| | | | | |
| (Doc | cument Number) | | | |
| | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| | · · · · · · | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



600139390086

01/08/09--01009--017 **25.00

SECRITARY OF 3022 15. 45

S. HAWKES JAN 1 2 2009

EXAMINER

COVER LETTER

| Division of Corporations | | | | | | |
|--|----------------------|---|--|---|--|--|
| SUBJE | СТ: | GREATER (Name of Limit | BAY APPRAISALS, and Company) | LC | | |
| The end | losed Articles of Ar | nendment and fee(s) are subm | nitted for filing. | | | |
| Please r | eturn all correspond | ence concerning this matter to | o the following: | | | |
| | | LINDA | MICHAELS, ESC (Name of Person) | P | | |
| | | GRATE | E BAY LAW (Firm/Company) | | | |
| | | 4601 n | /. KENNEDY BLV. (Address) | D #104 | | |
| | | TAMPA, F | -L 33609 (City/State and Zip Code) | . | | |
| For further information concerning this matter, please call: | | | | | | |
| | Name of I | L. MICHAELS Person) | at (<u>727)</u> 858-/789 (Area Code & Daytime Te | OR 813-386-1186 Elephone Number) | | |
| Enclose | d 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Company (A Florida Limited Lia | RAISALS, LLC | | | |
|--|--|---------------------------------|--|--|
| (Name of the Limited Liability Company | as it now appears on our recor | <u>ds.</u>) | | |
| (A Fronta Dimited Eta | ionity Company) | 型 9 | | |
| The Articles of Organization for this Limited Liability Company w | vere filed on 8/21/2 | 00 Z and assigned | | |
| Florida document number <u>L070000 85 612</u> . | | -0 | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liabili | ity company here: | 5 | | |
| Court of any or a sure | | | | |
| CREATER BAY TITLE SERVICE The new name must be distinguishable and end with the words "Limite "L.L.C." | d Liability Company," the design | ation "LLC" or the abbreviation | | |
| Enter new principal offices address, if applicable: | 209 N. H | ESPERIDES | | |
| (Principal office address MUST BE A STREET ADDRESS) | TAMPA, FL | ESPERIDES 33609 | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | SAME - N | O CHANGE | | |
| B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: | | enter the name of the nev | | |
| Name of New Registered Agent: | SAME | | | |
| New Registered Office Address: | | | | |
| | (Enter Florida street address) , Florida | | | |
| | | | | |
| | (City) | (Zip 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 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 MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** NO CHANGES _ Add ☐ Remove Remove Remove _ Add ☐ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) NO OTHER CHANGES Dated December 19, 2008. Signature of a member or authorized representative of a member MICHAEL L. MICHAELS
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00