L0700009306

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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

A. LUNT

AUG 10 2009

EXAMINER

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07/24/09--01008--007 **\$2.50

FILED

2009 AUG -7 AH II: 01

SECRETARY OF STATE
ALLAHASSEE FLORIS



July 27, 2009

CARMEN I VASQUEZ 3960 RADIO RD #202 NAPLES, FL 34104

SUBJECT: EMMANUEL TITLE, LLC

Ref. Number: L07000109306

We have received your document for EMMANUEL TITLE, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 809A00025655

Agnes Lunt Regulatory Specialist II

. COVER LETTER

TO:	Registration Sect Division of Corpo				
SUBJE	CT:	Emmanue Name of Limite	T, He, UC ed Liability Company		
The enc	losed Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please r	eturn all correspond	dence concerning this matter t	o the following:		
		3940 Naples	Name of Person Manuel Title Firm/Company Ralia Rl, Sta Address SEL 34/04 City/State and Zip Code Control of State o	SECRETARY OF ST TALLAHASSEE, FLO	FILED 2009 AUG -7 AMII: 0
For furt	her information cor	E-mail address: Ao ncerning this matter, please ca		ition)	
	•		at (239) 436- Area Code & Daytime 7	6606 Telephone Number	· .
Enclose	ed 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)	S60.00 Filing Fee, Certificate of Sta Certified Copy (additional copy	atus &

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

Emmanuel Title,	, LC
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on	0/26/2007 AFREIND ABIgned TASS
This amendment is submitted to amend the following:	AMII: Q Y OF SIAT EE. FLORI
A. If amending name, enter the new name of the limited liability company here:	DE DE
The new name must be distinguishable and end with the words "Limited Liability Company "L.L.C."	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: 3940	Ralia Road #107
(Principal office address MUST BE A STREET ADDRESS) 19 165,	Ralio Road, #107 FL 34104
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	as above
B. If amending the registered agent and/or registered office address on ou registered agent and/or the new registered office address here:	ir records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
Ente	er Florida street address
City	, Florida 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 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

MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action** MGRM _ Add MGRM Add Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 2 of 2

Filing Fee: \$25.00