# 108000014139

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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**B FIGUEROA** JAN 18 2018



January 12, 2018

Sent Via First Class U.S. Mail Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

Re: (Revised) Articles of Amendment to Articles of Organization

Olde Towne Title & Guaranty Agency, LLC - name change to

D.R. Oakley, LLC

Dear Registration Section:

Please find the enclosed, original and one copy of the (revised) Articles of Amendment. Please contact our offices if there are any questions or issues with the proposed amendment, otherwise we understand that you have the requisite fee already in your possession and will be processing our request.

Thank you for your attention to this matter.

Sincerely,

Seth D. Corneal

Enclosure as stated



January 5, 2018

SETH D CORNEAL 509 ANASTASIA BLVD ST AUGUSTINE, FL 32080

SUBJECT: OLDE TOWNE TITLE & GUARANTY AGENCY, LLC

Ref. Number: L08000014139

We have received your document for OLDE TOWNE TITLE & GUARANTY AGENCY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

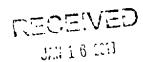
Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of 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) 245-6051.

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

Letter Number: 718A00000275



## COVER LETTER

SUBJECT: OLDE	TOWNE TITLE & GU	VARANTY AGENCY LL	<u>c</u>
<del></del>	Name of Lim	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:	
	SETH D. (	CORNEAL	
		Name of Person	
	<b>79.6</b>		
	THE CORNE	Firm/Company	· ·
	_		
	<u>\$09_AJJ</u>	Address	
		Address	
	ST. AUGUS	TINE FL 32080	
		City/State and Zip Code	
	RMCGEE	OLDETOWNETTLE, to be used for future annual report notif	NET
			ication)
For further information cor	ncerning this matter, please ca	all:	
SETH D. CO.	NEAL_	ar (904 ) 819-5	333
Name of	Person	at ( <u>904</u> ) <u>819 - 5</u> 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

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

OLDE TOWNE TITLE & GUAR (Name of the Limited Liability Compan (A Florida Limited L	RANTY AGENCY LLC  iv as it now appears on our records.)  iability Company)		
The Articles of Organization for this Limited Liability Company	were filed on $02/07/2006$ and assigned		
Florida document number <u>LO8000014139</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
	PAKLEY, LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	GOI COQUINA BLVD.		
(Principal office address MUST BE A STREET ADDRESS)	ST. AUGUSTINE FL 32080		
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address here			
Name of New Registered Agent:			
New Registered Office Address: 601	COQUINA BLVD.  Enter Florida street address		
<u></u>	City Florida 32080  Zip Code		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familia with affa rovided for in Chapter 605, F.S. Or, if this accument is		

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member **Type of Action** <u>Title</u> **Address** Name MGR MIGEE ROBERT L. 601 COQUINA BLVD. \_ Add ST. AUGUSTINE, FL 32080 | Remove Change GOI COQUINA BLUD. MCGEE, DONNA H. MGR **⊠** Add ST. AUGUSTINE FL 32080 Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove □ Change ź □ A6€ ☐ Rengove

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(If an effe	re date, if other than the date of filing: DEC. 31, 2017 (optional) etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date went's effective date on the Department of State's records.		
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docume If the reco (b) The	DECEMBER 28 , 2017	18 JAN	
docume If the reco (b) The	DECEMBEL 28 2017  Signature of a member or authorized representative of a member  ROSECT L. MCGEE	18 JAN 16	
docume If the reco (b) The	DECEMBEL 28 , 2017  Signature of a member or authorized representative of a member	18 JAN	

Filing Fee: \$25.00