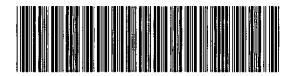
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SECRETARY OF STATE
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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Gotham Title 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:
Jonathan GLOBERMAN Name of Person
Firm/Company
931 Clent Moore Rd Address
Brog Raton, Fl. 33487
City/State and Zip Code  J. Globerman & Berkler Cap. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tonathan Groberman at (561) 807-9400  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$55.00 Filing Fee & \text{Certified Copy} \\ (additional copy is enclosed)\$\$ Certified Copy \\ (additional copy is enclosed)\$\$

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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

FIL	.ED
.09 JUL 29	AM III. on
SECRETARY	

Ctotham	T, He LLC	SECRE TALI AU	TARY OF STATE ASSEE FLORIDA	
· (Name of the Limited Lie (A Flo	ability Company as it now apported Limited Liability Compan	pears on our records.)	ASSEE FLORIDA	
The Articles of Organization for this Limited Liabi		5-21-08	and assigned	
This amendment is submitted to amend the followi	ng:			
A. If amending name, enter the new name of th	e limited liability company	<u>here</u> :		
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Cor	npany," the designation	"LLC" or the abbreviation	
Enter new principal offices address, if applicabl	e:			
(Principal office address MUST BE A STREET)	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered office		n our records, <u>enter</u>	the name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member, being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> **Address Type of Action** Name ☐ Add Remove Enot West Insurance Group Inc 931 Chat Hore Rd
Boca Raton F1 33487 Add Add Remove ☐ Add ☐ Remove Remove  $\square$ Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2009 Signature of a member or authorized representative of a member Sharon Little
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00