

LOG000054642

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(Address)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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FL Office

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Market Place 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:

Robert Wyatt

Name of Person

Market Place Title LLC

Firm/Company

13940 US 441 #903

Address

Lady Lake, Florida 32159

City/State and Zip Code

rwyatt1963@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Wyatt

352 753-6440
at ()

Name of Person

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
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

FILED
2015 MAY 21 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Market Place Tilte, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/02/2008 and assigned
Florida document number L08000054642.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

13940 US 441

#903

Lady Lake, Florida 32159

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13940 US 441

#903

Lady Lake, Florida 32159

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Robert Wyatt

New Registered Office Address:

13940 US 441 #903

Enter Florida street address

Lady Lake

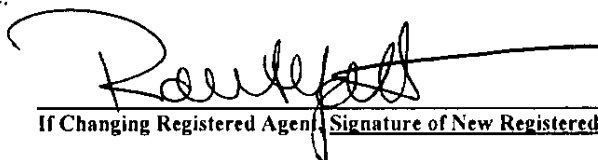
Florida 32159

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 605, 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Robert W. Wyatt	13940 US 441 #903	<input checked="" type="checkbox"/> Add
		Lady Lake, FL. 32159	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Barbara R. Wyatt	265 E Marion Avenue #116	<input type="checkbox"/> Add
		Punta Gorda, FL. 33950	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kerrylyn J. Wyatt	13940 US 441 #903	<input checked="" type="checkbox"/> Add
		Lady Lake, FL. 32159	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILE

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated May 14, 2015

Signature of a member or authorized representative of a member

Robert Wyatt

Typed or printed name of signee