#L080000955/6

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	-	

Office Use Only



900256905479



02/25/14--01023--015 **30.00

COVER LETTER

TO: **Registration Section Division of Corporations**

SUNSTATE TITLE INSURANCE AGENCY, 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:

JOANNE IORIO

Name of Person

SUNSTATE TITLE INSURANCE AGENCY, LLC

Firm/Company

5 FRONT STREET

Address

MARCO ISLAND, FL 34145

City/State and Zip Code

joanne@sunstatetitleagency.com

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

For further information concerning this matter, please call:

JOANNE IORIO

_{at (}239, 571-0412

Name of Person

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

■ \$30.00 Filing Fee & Certificate of Status

Certified Copy

☐ \$55.00 Filing Fee &

(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

SUNSTATE TITLE INSURANCE AGENCY, 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 Liab	oility Company were filed on 10/0)8/2008	and assigned
Florida document number L08000095516			
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability company here	<u>:</u> :	
CITIZENS TITLE AGENCY, LLC			
The new name must be distinguishable and end with the wo	ords "Limited Liability Company," the de	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicab	ole:	•	
(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		our records, enter t	the name of the new
	•		
Name of New Registered Agent:			
New Project of Office Address			
New Registered Office Address:	Enter Florid	a street address	·····
		Florida	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the recompany has been notified in writing of this cl	and complete performance of mered agent as provided for in Ch gistered office address, I hereby	ny duties, and I am fa napter 605, F.S. Or, i	amiliar with and if this document is
	TG (1) 1 D 1 4 1 A	A CU . A PNI. PN	

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

MGR = Manager

<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Actio
			Add
			Remove
			□ Add
			□ Remove
			☐ Add
			☐ Remove
			<u>.</u>
		154.100	□ Add
			Remove
· · · · · · · · · · · · · · · · · · ·			
			□ Remove
			☐ Remove

· .	
	
the effective date must be specified earner be prior to	tate of receipt of free date and carried to free train / a carried
the date this document is filed by the Florida Departm	tate of receipt of free date and carried to free train / a carried
the date this document is filed by the Florida Department of the D	nent of State)

Page 3 of 3

Filing Fee: \$25.00