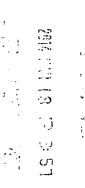
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B. BOSTICK
MAR 1 9 2014
EXAMINER

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: CITIZENS TITLE AGENCY, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOANNE IORIO

Name of Person

CITIZENS TITLE 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

_ 239

261-1650

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

■ \$25 Filing Fee

\$30 Filing Fee & Certificate of State

☐ \$55 Filing Fee & Certified Copy

□ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (12/13)

STATMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

<u>r</u> :	The name of the limited liability company is: CITIZENS TITLE AGENCY, LLC	08000049516	
<u>ND</u> :	Document to be corrected is: ARTICLES OF AMENDMENT TO THE ARTICLES OF O	RGANIZATION	
(CHE	CK THE APPROPRIATE BOX AND COMPLETE THE APPLICA	BLE STATEMENT	
and th	ontains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: EFFECTIVE DATE IS TO BE APRIL 1, 2014.		
<u>OR</u>			
	s defectively signed. The manner in which the document was defectively signed and the ropriate correction are as follows:		
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gnature	of Authorized Representative Date		
	OR Was cappro	CITIZENS TITLE AGENCY, LLC OND: Document to be corrected is: ARTICLES OF AMENDMENT TO THE ARTICLES OF O' (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICA Contains an incorrect statement. The incorrect statement, the reason the and the corrected statement are as follows: EFFECTIVE DATE IS TO BE APRIL 1, 201 OR Was defectively signed. The manner in which the document was defect appropriate correction are as follows: OR The electronic transmission of the record was defective.	

Filing Fee: Certified Copy:

\$25.00 \$30.00 (optional)