

LOG000097072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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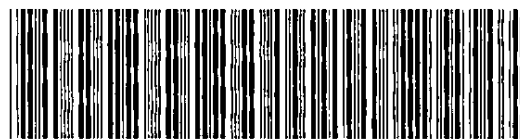
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

O SIMMONS  
JUN 15 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SPECTRUM TITLE SERVICES, 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:

ERIC JACKWIN, ESQ.

\_\_\_\_\_  
Name of Person

SPECTRUM TITLE SERVICES, LLC

\_\_\_\_\_  
Firm/Company

888 SE 3RD AVE., SUITE 500

\_\_\_\_\_  
Address

FORT LAUDERDALE, FL 33316

\_\_\_\_\_  
City/State and Zip Code

ERIC@SPECTRUMTITLE.COM

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

For further information concerning this matter, please call:

ERIC JACKWIN, ESQ.

954

727-3347

\_\_\_\_\_  
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**

SPECTRUM TITLE SERVICES, 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 10/14/2008 and assigned  
Florida document number 1.08000097072.

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)

888 SE 3RD AVE.

SUITE 500

FORT LAUDERDALE, FL 33316

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

888 SE 3RD AVE.

SUITE 500

FORT LAUDERDALE, FL 33316

**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:

ERIC JACKWIN, ESQ.

New Registered Office Address:

888 SE 3RD AVE., SUITE 33316

*Enter Florida street address*

FORT LAUDERDALE

*City*

Florida

33316

*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>                      |
|--------------|-------------------------|---------------------------|--|
| MGRM         | ADAM J. OUELLETTE, ESQ. | 12173 SHERIDAN STREET     | <input type="checkbox"/> Add               |
|              |                         | COOPER CITY, FL 33026     | <input checked="" type="checkbox"/> Remove |
|              |                         | 12173 SHERIDAN STREET     | <input type="checkbox"/> Change            |
| MGRM         | CANDICE N. CARR         | COOPER CITY, FL 33026     | <input type="checkbox"/> Add               |
|              |                         |                           | <input checked="" type="checkbox"/> Remove |
|              |                         |                           | <input type="checkbox"/> Change            |
| MGRM         | ERIC JACKWIN, ESQ.      | 888 SE 3RD AVE.           | <input checked="" type="checkbox"/> Add    |
|              |                         | SUITE 500                 | <input type="checkbox"/> Remove            |
|              |                         | FORT LAUDERDALE, FL 33316 | <input type="checkbox"/> Change            |
|              |                         |                           | <input type="checkbox"/> Add               |
|              |                         |                           | <input type="checkbox"/> Remove            |
|              |                         |                           | <input type="checkbox"/> Change            |
|              |                         |                           | <input type="checkbox"/> Add               |
|              |                         |                           | <input type="checkbox"/> Remove            |
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|              |                         |                           | <input type="checkbox"/> Change            |

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AT JUN 14 PM 1:12  
DIVISION OF CORRECTIONS


17 JUN 14 PM 1:15  
DIVISION OF CONSPIRACIES

FILED

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

**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 JUNE 12<sup>th</sup> 2017



George Jackson

ERIC JACKWIN, ESQ.

Typed or printed name of signee