

L08000099326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

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B. KOHR

AUG - 7 2009

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 AUG - 5 AM 9:15

FILED

MyCorporation

An Intuit Company

21215 Burbank Blvd. Ste. 400
Woodland Hills, CA 91367

intuit

Toll-Free: 888-692-6771 | Direct: 818-436-8225 | FAX: 818-879-8005
E-mail: info@mycorporation.com

ROUTINE SERVICE FILING REQUEST

July 27, 2009

Division of Corporations
Florida Department of State
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

09 AUG - 5 AM 9:15
FILED
TALLAHASSEE, FLORIDA

Re: Amendment: GULF COAST TITLE & ESCROW SERVICE LLC

Ladies and Gentlemen:

Please find enclosed for filing amendment documents for the above referenced entity.

Also enclosed is a check for filing fees.

Please return the filed documents to the address below.

Thank you for your assistance.

Sincerely,

MyCorporation, an Intuit Company
21215 Burbank Blvd. Ste. 400
Woodland Hills, CA 91367
ATTN: Post Formation Filings

**PLEASE DIRECT ALL QUESTIONS REGARDING THIS FILING REQUEST TO THE
POST FORMATIONS DEPARTMENT AT 888.692.6771.**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GULF COAST TITLE & ESCROW SERVICE 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:

Post Formation Filings

(Name of Person)

MyCorporation

(Firm/Company)

21215 Burbank Blvd., Suite 400

(Address)

Woodland Hills, California 91367

(City/State and Zip Code)

For further information concerning this matter, please call:

Post Formations

(Name of Person)

at (877) 692-6772

(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

09 AUG -5 AM 9:15
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

GULF COAST TITLE & ESCROW SERVICE LLC

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

FILED
09 AUG -5 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/21/2008 and assigned
Florida document number L08000099326.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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: _____

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

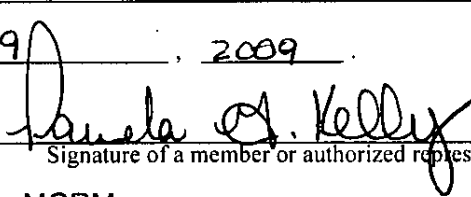
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Superior Management Group, LLC	220 N Greenwood Ave. Fort Smith, Arkansas 72901	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Haddock, Patricia Kaye	P.O. Box 627 Port St. Joe, Florida 32457	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Lillard	P.O. Box 627 Port St. Joe, Florida 32457	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 7/29, 2009



Signature of a member or authorized representative of a member

Pamela Kelly, MGRM

Typed or printed name of signee