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D. BRUCE

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EXAMINER

## **COVER LETTER**

Division of Corpo	rations				
SUBJECT:	Jupiter				
	Name of Limi	ted Liability Company			
The enclosed Articles of Ar	mendment and fee(s) are sub	omitted for filing.			
Please return all correspond	lence concerning this matter	to the following:			
	·				
	Jupiter Title Co., LLC				
	Firm/Company				
	3535 Military Trail, Suite 101				
	Address				
	E-mail address: (t	allen2693@aol.com o be used for future annual report	notification)	125 125 125 125 125 125 125 125 125 125	
For further information con	cerning this matter, please c	all:			
				3 7	
Pa	ım Allen	at ( 561 )	427-2189	eë f C	
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 enc	Certific	Filing Fee, cate of Status & ed Copy	

MAILING ADDRESS:

Registration Section

TO:

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

## STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Jupiter T	itle Co., LLC			
( <u>Name of the Limite</u> (	<u>d Liability Co</u> A Florida Limit	mpany as it now appears ted Liability Company)	s on our records.		
The Articles of Organization for this Limited I	oany were filed on	11/17/08	and assigned		
This amendment is submitted to amend the fol	llowing:				
A. If amending name, enter the new name	of the limited	liability company here	<b>:</b>		
		n/a			
The new name must be distinguishable and end w "L.L.C."	ith the words "	Limited Liability Compar	y," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if appli	n/a				
(Principal office address MUST BE A STRE	<u> </u>		<u> </u>		
				The Ct	
		I	S S S	The Party of the P	
Enter new mailing address, if applicable:	n/a	<u>्</u>	× 55 /		
(Mailing address MAY BE A POST OFFICE		7			
			70.7		
B. If amending the registered agent and registered agent and/or the new registered of			ur records, enter	the name of the new	
Name of New Registered Agent:	n/a	· <del>-</del> - · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:	n/a				
		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 Title <u>Name</u> Type of Action <u>Address</u> P/T Sherry L. Hyman 3535 Military Trail, Suite 101 Jupiter, FL 33458 ☑ Add ☐ Remove Pamela Jean Allen VP/s 3535 Military Trail, Suite 101 **✓** Add Jupiter FL 33458 Remove VΡ Thomas Frankel 3535 Military Trail. Suite 101 ✓ Add Juniter, FL 33458 ☐ Remove Remove  $\square$ Add Remove ∏Add ☐Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated \_\_\_\_April 18 Signature of a member or authorized representative of a member Sherry L. Hyman, Managing Member Typed or printed name of signee

> Page 2 of 2 Filing Fee: \$25.00