

ep. 2. 2014 11:34 AM
Division of Corporations
No. 2014-0000029762
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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : PAUL A. KRASKER, P.A.
Account Number : I20090000078
Phone : (561) 801-7312
Fax Number : (561) 515-3904

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TRIDENT TITLE, LLC

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRIDENT TITLE, 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:

JONATHAN WEBER

Name of Person

Firm/Company

580 VILLAGE BOULEVARD, SUITE 225

Address

WEST PALM BEACH, FL 33409

City/State and Zip Code

JWeber@tridenttitlellc.com

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

For further information concerning this matter, please call:

JON WEBER

at (561) 385-0974

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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

TRIDENT TITLE, 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 3/26/2009 and assigned Florida document number L09000029762.

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)

580 VILLAGE BOULEVARD, SUITE 225

WEST PALM BEACH, FL 33409

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

580 VILLAGE BOULEVARD, SUITE 225

WEST PALM BEACH, FL 33409

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:

JONATHAN WEBER

New Registered Office Address:

580 VILLAGE BOULEVARD, SUITE 225

Enter Florida street address

WEST PALM BEACH

, Florida 33409

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 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

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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>
MGR	TITLE MANAGEMENT, LLC	580 VILLAGE BOULEVARD	<input checked="" type="checkbox"/> Add
		SUITE 225	<input type="checkbox"/> Remove
		WEST PALM BEACH, FL 33409	<input type="checkbox"/> Change
MGR	PAUL A. KRASKER	501 SOUTH FLAGLER DRIVE	<input type="checkbox"/> Add
		SUITE 201	<input checked="" type="checkbox"/> Remove
		WEST PALM BEACH, FL 33401	<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 01-11-2015 BY 60322 UCBAW

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

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OFFICE OF THE
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

JONATHAN WEBER, as Manager of Title Management, LLC

Typed or printed name of signee

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