LAMOUNOLO0753

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------------|
| | | |
| (Ac | ldress) | |
| | | |
| (Ac | idress) | |
| (C) | ty/State/Zip/Phone | - 40 |
| (CI | ty/State/Zip/Pnone | : #) |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bt | isiness Entity Nar | ne) |
| | | |
| (Do | ocument Number) | |
| | | |
| Certified Copies | _ Certificates | of Status |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| , | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



600275044756

07/17/15--01012--009 **25.00

FILED
2015 JUL 17 P U: 28
SECRETARY OF STATE

WE SO ME

COVER LETTER

| TO: Registration S Division of Co | | | | | |
|-----------------------------------|--|---|-----------------|------------------------|--|
| E TITLE, SUBJECT: | L.L.C. | | | | |
| Jobb Bett | Name of Lim | ited Liability Company | | | |
| | Amendment and fee(s) are sub | • | | | |
| | Joseph Lenti II | - | | | |
| | | Name of Person | | | |
| | | Firm/Company | · ·- ·- ·- | | |
| | | | | | |
| | | Address | | - | |
| | ORLANDO, FL 32801 | | | 2015 SEC TALL | |
| | ORDERS@ETITLE.COM | City/State and Zip Code | | JUL IT | |
| For further information | E-mail address: (concerning this matter, please co | to be used for future annual report notific | ation) | 7 P | |
| STACY COLLINS | | 407 398-6917 | | #: 2; STATE ORID | |
| Name | of Person | | elephone 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) | Certified | te of Status & | |

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

| E TITLE, L.L.C. | | | | | | |
|---|---|------------------------------------|--|--|--|--|
| (Name of the Lim | ted Liability Compa (A Florida Limited | any as it now appears on our reco | ord <u>s.</u>) | | | |
| The Articles of Organization for this Limited L | Liability Company | were filed on 6/22/2009 | and assigned | | | |
| Florida document number L09000060753 | | | | | | |
| This amendment is submitted to amend the fol | lowing: | | | | | |
| A. If amending name, enter the new name of | of the limited liab | pility company here: | | | | |
| The new name must be distinguishable and contain the | words "Limited Liabi | ility Company," the designation "L | LC" or the abbreviation "L.L.C." | | | |
| Enter new principal offices address, if applicable: | | 240 NE 3RD STREET | | | | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | MIAMI, FL 33132 | | | | |
| | | · | | | | |
| Enter new mailing address, if applicable: | | 11 N. SUMMERLIN AVEN | NUE #NUE #NUE #NUE #NUE #NUE #NUE #NUE # | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | ORLANDO, FL 32801 | SSR - | | | |
| | | | me m | | | |
| | | | U F: | | | |
| B. If amending the registered agent and registered agent and/or the new registered of | | | rds, enter the name of the | | | |
| registered agent and/of the new registered to | niice address her | <u>.c.</u> , | - | | | |
| Name of New Registered Agent: | | | | | | |
| New Registered Office Address: | 240 NE 3RD S | STREET | | | | |
| · · | | Enter Florida street ada | ress | | | |
| | MIAMI | | Florida 33132 | | | |
| | · · · · · · · · · · · · · · · · · · · | 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

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> | Address | Type of Action |
|--------------|-----------------------|---------------------------------------|-------------------------|
| MGR | JOSEPH LENTI II, ESQ. | 244 BISCAYNE BOULEVARD | Add |
| | | SUITE N6 | ■ Remove |
| | | MIAMI, FL 33132 | Change |
| MGR | JOSEPH LENTI II | 11 N. SUMMERLIN AVENUE | Add |
| | | SUITE 100 | □ Remove |
| | | ORLANDO, FL 32801 | Change |
| | | | □ Add |
| | | | Remove 70 SECRE Change |
| | | ASSEE, FL | |
| | | Remove Or: 28 Change | |
| | | • | Add |
| | | | □ Remove |
| | | | ☐ Change |
| | | · · · · · · · · · · · · · · · · · · · | |
| | | | □ Remove |
| | | | ☐ Change |

| • | | | | | | | | |
|---|---|--------------------------|---------------------------------|----------------|---------------------------------------|----------------------------------|-------------------|-----------------------------|
| • | | • | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | · ·· | | | | <u> </u> | |
| | | | | | | | | |
| | | | | | | | | |
| | ···· | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | <u></u> |
| | | | | | | | | |
| | | | | | | | | |
| , | | | | | | | | . |
| | | | | | | AIS | 2015 | |
| | | | | | | LAHE | <u></u> | |
| | | | | | | ASS ASS | | - Carriero |
| | | | | | | | | <u> </u> |
| | | | | | | 171 C | _ | |
| | | | | | | OR I | Æ | |
| | | | | | | | 8 | |
| an effective date is ote: If the date i | other than the dalisted, the date must be nserted in this block we date on the Depart | specific and does not me | cannot be prio eet the appli | cable statutor | ng or more than 9 y filing require | (optional 00 days after filin |) g.) Pursuant | to 605.020' be listed as |
| | fies a delayed ef after the record | | ate, but n | ot an effec | tive time, a | t 12:01 a.m. | on the | earlier o |
| , | | | حد 2015 | | | | | |
| II II V 15 | | | | · | | | | |
| II II V 15 | | 7 | | · | | | | |
| | Sie | nature of a m | nember or aut | orized represe | ntative of a men | nber | | |

Page 3 of 3

Filing Fee: \$25.00