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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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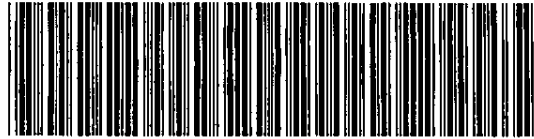
(Business Entity Name)

(Document Number)

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18 MAR 22 AM 9:58

N COOPER

MAR 23 2018



Barry L. Miller*
Jonathan Innes
David Berman

Michael Burgess, *Paralegal*
Christian Walters, *Paralegal*

March 21, 2018

VIA UPS 2nd DAY AIR:

Dept. of State
Division of Corporations
Clifton Building
2661 Executive Cir.
Tallahassee, FL 32301

Re: Articles of Organization for E Title, L.L.C.

To Whom It May Concern:

Enclosed, please find one original and one copy of the Articles of Amendment for the above-named limited liability company and a check for \$25.00 to cover the filing for the same. Please file the same and return one time-stamped from your office to the office of the undersigned. If you have any questions regarding this filing, please do not hesitate to contact me via email at Christian@BarryMillerLaw.com or via telephone at 407-581-2964.

Sincerely,

A handwritten signature in black ink, appearing to read 'C. Walters', written over a horizontal line.

Christian C. Walters
Paralegal

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: E Title, L.L.C.
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:

Darryll Clark

Name of Person

E Title, L.L.C.

Firm/Company

1056 Willa Springs Dr., Winter Springs, Florida 32708

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Darryll Clark 407 407-423-1700
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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

E Title, L.L.C.

(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 6/22/2009 and assigned
Florida document number L09000060753.

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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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 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	Darryll Clark	1056 Willa Springs Dr.,	<input type="checkbox"/> Add
		Winter Springs, Florida 32708	<input type="checkbox"/> Remove
		(Changing Address)	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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