

LO9000060753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

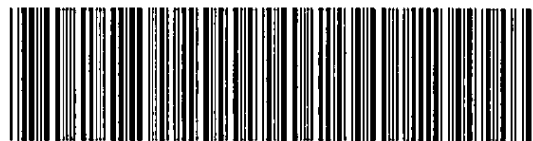
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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N COOPER

JUL 23 2018

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:

Robert Garcia, Esq.

Name of Person

E Title, L.L.C.

Firm/Company

716 E. Washington St., Ste.: B

Address

Orlando, Florida 32801

City/State and Zip Code

Info@GoEtitle.com

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

For further information concerning this matter, please call:

Robert Garcia, Esq.

407

423-1700

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**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 June 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)

716 E. Washington St., Ste.: B

Orlando, Florida 32801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

716 E. Washington St., Ste.: B

Orlando, Florida 32801

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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:

Robert Garcia, Esq.

New Registered Office Address:

716 E. Washington St., Ste.: B

Enter Florida street address

Orlando

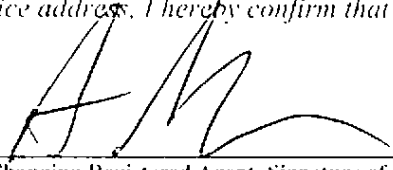
Florida 32801

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Entrust Solutions, LLC	1056 Willa Springs Dr.,	<input type="checkbox"/> Add
		Winter Springs, Florida 32708	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Robert Potter	1056 Willa Springs Dr.,	<input type="checkbox"/> Add
		Winter Springs, Florida 32708	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Robert Garcia	716 E. Washington St., Ste.: B	<input checked="" type="checkbox"/> Add
		Orlando, Florida 32801	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated July 12 2018

Signature

Signature of a member or authorized representative of a member

Robert Garcia

Typed or printed name of signee