

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L09000093137

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000211926 3)))



H150002119263ABC.

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

From: Account Name : PAUL A. KRASKER, P.A.
Account Number : Y20090000078
Phone : (561)801-7312
Fax Number : (561)515-3904

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TALLAHASSEE, FLORIDA

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****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
TITLE MANAGEMENT, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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15 SEP -3 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 04 2015
J. HARRIS

Sep. 3. 2015 10:51AM

No. 2040 P. 3

4150002119263

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TITLE MANAGEMENT, 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
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

4150002119263



September 3, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TITLE MANAGEMENT, LLC
501 S. FLAGLER DRIVE, SUITE 201
WEST PALM BEACH, FL 33401

SUBJECT: TITLE MANAGEMENT, LLC
REF: L09000093137

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity listed on the fax cover sheet and the name of the entity listed in the document must be identical. Please amend the document or the fax cover sheet accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

FAX Aud. #: H15000211926
Letter Number: 015A00018633

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4150002119263
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Tithe Management, 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 9/29/2009 and assigned Florida document number L09000093137

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 "LLC."

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

Sep. 3. 2015 10:52AM

4150022119243

No. 2040 P. 5

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	JONATHAN WEBER	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 type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input 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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TALLAHASSEE FLORIDA
STATE
OFFICE

4150022119243

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

E. Effective date, if other than the date of filing: 1st September (optional)

(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)

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.

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.

Dated September 2, 2015

Signature of a member or authorized representative of a member

JONATHAN WEBER

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

415 0002 119243