

L10000035903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

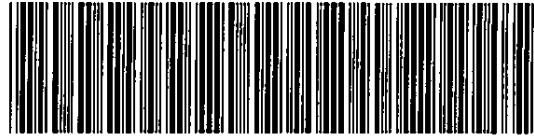
Special Instructions to Filing Officer:

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APR 29 2010

EXAMINER

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04/27/10--01015---002 **25.00

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10 APR 27 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UPTOWN 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:

Adrienne C. Prince
Name of Person

Uptown Title LLC
Firm/Company

6511 Dartmouth Ave N.
Address

St Petersburg, FL 33710
City/State and Zip Code

uptowntitle@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adrienne Prince at (727) 204-3443
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

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

UPTOWN 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 4/2/2010 and assigned
Florida document number L10000035903

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 end with 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)

6511 DARTMOUTH AVENUE N.
ST PETE RUSBURG, FL 33710

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6511 DARTMOUTH AVENUE N.
ST PETE RUSBURG, FL 33710

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:

ADRIANNE PRINCE

New Registered Office Address:

6511 DARTMOUTH AVENUE N.

Enter Florida street address

ST PETE RUSBURG

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 608, 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.

ADRIANNE PRINCE
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Adrienne C. Prince	6511 Dartmouth Ave N. St Petersburg, FL 33710	<input type="checkbox"/> Add <input type="checkbox"/> Remove
member	Patricia A. Weber	1105 6th STREET E. TREASURE ISLAND FL 33706	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Donna A. Cochran	3710 4th ST N #1 St Petersburg, FL 33703	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated April 26, 2010

AR

Signature of a member or authorized representative of a member

ADRIENNE C. PRINCE

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 APR 27 PM 12:28

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