## L100000 45757

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**EXAMINER** 

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## **COVER LETTER**

TO:

Registration Section

Division of C	orporations				
SUBJECT:	Florida	Title Link, LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corres	pondence concerning this matte	r to the following:			
		Leland Taylor			
		Name of Person			
		Florida Title Link, LLC	THE SECTION OF THE PERSON OF T		
		Firm/Company			
		2619 NE 1st Ave			
		Address	Dr.		
		Cape Coral, FL 33909			
	1 -	City/State and Zip Code			
	E-mail address: (	elandlaw@hotmail.com to be used for future annual report notifica	ition)		
For further information	concerning this matter, please	call:			
	eland Taylor .	at (_239_)8	96-5500		
Name	of Person	Area Code & Daytime T	Celephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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 Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Title	ELink, LLC			
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appear Liability Company)	<u>rs on our recor</u>	<u>rds.</u> )	
The Articles of Organization for this Limited Liability Company	were filed on	04/28/2010		_ and assigned
Florida document number L10000045757				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company her	<u>·e</u> :		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Compa	nny," the design	ation "LLC	•
Enter new principal offices address, if applicable:	2619 NE 1st	Ave	SEC	2011 6
(Principal office address MUST BE A STREET ADDRESS)	Cape Coral, I	FL 33909	SAH	
Enter new mailing address, if applicable:	2619 NE 1st	Ave	SEE FLOR	2 D
(Mailing address MAY BE A POST OFFICE BOX)	Cape Coral, F	FL 33909	NO.	<b>6</b> 0
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:		our records, g	enter the	name of the new
New Registered Office Address:				
	Enter Florida street address			
**************************************	City	, Flor		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.

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>	Name	Address	Type of Action
MGR	Deanne L landoli	5237 Summerlin Commons Blvd, Fort Myers, FL 33907	_ Add ′ ☑ Remove
			Add Remove
	<del></del>		Add Remove
			Add Remove
<del></del>			Add Remove
			☐Add ☐Remove
D. If amendin	g any other information, enter change(s)	here: (Attach additional sheets, if necessary)	
		CORD A	
 Dated	· · · · · · · · · · · · · · · · · · ·	·	<u>.</u>
_	•	authorized representative of a member	
	Le Typed or p	land Taylor printed name of signee	

Page 2 of 2

Filing Fee: \$25.00