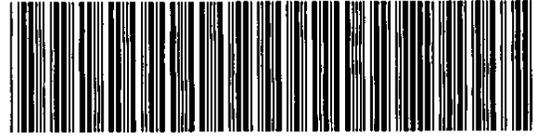


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(Requestor's Name) _____

(Address) _____

(Address) _____

(City/State/Zip/Phone #) _____

PICK-UP WAIT MAIL

(Business Entity Name) _____

(Document Number) _____

Certified Copies _____ Certificates of Status _____

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NOV 20 2014
 J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FLORIDA LAW TITLE & TRUST PLC
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:

LEONARDO BRITO
Name of Person
FLORIDA LAW TITLE & TRUST
Firm/Company
775 CURTISWOOD DRIVE
Address
KEY BISCAVNE , FLORIDA 33149
City/State and Zip Code
LBRITO@BRITOLAWGROUP.COM
E-mail address: (to be used for future annual report notification)

OFFICE OF THE
CLERK OF THE
STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

LEONARDO BRITO at **305** **322 4097**
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**

FLORIDA LAW TITLE & TRUST PLC

(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 03/28/2011 and assigned
Florida document number L11000036916.

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:

775 CURTISWOOD DRIVE

(Principal office address MUST BE A STREET ADDRESS)

KEY BISCAZYNE , FLORIDA 33149

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

MGR = Manager
AMBR = Authorized Member

Title Name Address Type of Action

_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove

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DORCHESTER COUNTY

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

MANAGER / MEMBER CHANGE OF ADDRESS

LEONARDO BRITO

775 CURTISWOOD DRIVE

KEY BISCAYNE , FLORIDA 33149

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated NOVEMBER 5, 2014



Signature of a member or authorized representative of a member

LEONARDO BRITO

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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2014 NOV 13 AM 9:55
TALLAHASSEE FLORIDA
DEPARTMENT OF STATE