

L11000058782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

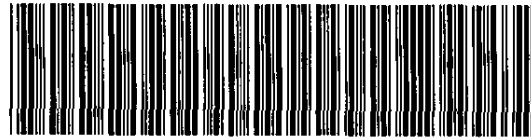
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

01/08/14--01024--013 **25.00

N. Guffen JAN 10 2014

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TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TITLE HOUSE, 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:

DAVID LOPEZ

Name of Person

TITLE HOUSE, LLC

Firm/Company

9144 FOREST HILL BLVD.

Address

WELLINGTON, FL 33411

City/State and Zip Code

MAIL@MYTITLEHOUSE.COM

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

For further information concerning this matter, please call:

DAVID LOPEZ

Name of Person

at (561) 964-9566 EXT 216

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

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

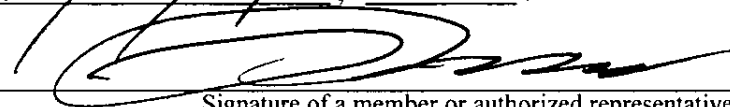
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JANET M. FARINATO	9144 FOREST HILL BLVD.	<input type="checkbox"/> Add
		WELLINGTON, FL 33411	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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d. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated

12/31/14



Signature of a member or authorized representative of a member

DAVID LOPEZ

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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