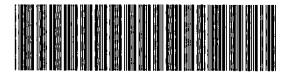
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(Re	equestor's Name)	
(Ac	ddress)	
(Ác	ddress)	
(Ci	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
. Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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A GRANGE APR 15 2015

COVER LETTER

אוע	ision of Corp	DOTATIONS		
SUBJECT:	Equitable	Title of Lake County, L	LC	
веривет.		Name of Limite	ed Liability Company	 -
The enclosed	Articles of A	Amendment and fee(s) are subm	itted for filing.	
Please return	all correspor	ndence concerning this matter to	the following:	
		Sandy Johnston		
			Name of Person	
•		Equitable Title of Lak	e County, LLC	
			Firm/Company	
		6985 Wallace Road		
			Address	
		Orlando, FL 32819		
•			City/State and Zip Code	
		sjohnston@equitablet		
•		E-mail address: (to	be used for future annual report r	otification)
For further in	nformation co	ncerning this matter, please cal	l:	
Sandy Jo	hnston		407 370-66	64
	Name of	Person		time Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling 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:

TO:

Registration Section

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

Equitable Title of Lake Count		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L11000111217	ility Company were filed on 09/28/2011	and assigned
Florida document number	.	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and end with the wor	rds "Limited Liability Company," the designation "LLC" or	he abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET A	4DDRESS)	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, en	er the name of the nev
	<u> </u>	
Name of New Registered Agent:		55 25 25
Name of New Registered Agent.	117400	- 20 2
New Registered Office Address:		2
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Reg	ristered Agent:	<u>කුල</u> ග

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

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

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Suzann Dennis	6985 Wallace Road	□ Add
		Orlando, FL 32819	Remove
MGR	Harry Jones	6985 Wallace Road	■ Add
		Orlando, FL 32819	□ Remove
			_
			🗖 Add
			Remove
			_
			_□ Add □:Remove
			MAR 24
			□ Add
		-	_
			_□ Add
			_□ Remove

f amending any other informat	ion, enter change(s) here: (Attach a	dditional sheets, if necessary.)
•		
	·	
fective date, if other than the e effective date must be specific, cannot e date this document is filed by the Flor	date of filing: ot be prior to date of receipt or filed date and carrida Department of State)	(optional) unnot be more than 90 days after
nted March 19	2015	
.50	The tehnology	
	Signature of a member or authorized represersandy Johnston	itative of a member

Page 3 of 3

Filing Fee: \$25.00

