## L1200007511

(Re	questor's Name)	
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SECRETARY OF STATE

S Warren

AUG 17 2015



8/15/2016

To whom it may concern:

Enclosed please find check number 1100 in the amount of \$25.00 for the filing fee to remove Sheri Norswrothy from the Articles of Organization of Home Loan Alliance Title, LLC. Please contact me at the information below with any questions or concerns.

Regards,

Heather Miller

Manager of Title Sales & Operations - Home Loan Alliance

NMLS # 1487496

GTE Financial

711 E Henderson Ave, Tampa, FL 33602

O: 813.414.6330 x 47812 | D: 813.414.7812 | M: 813.765.7948 | F: 813.414.8617

heather.miller@hlatitle.org | www.teamhla.org

## **COVER LETTER**

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TO:

**Registration Section** 

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

Home I Mn Allunce Title 11 C.

(Name of the Limited Liability Company (A Florida Limited Lia	y as it now ap	pears on our r	ecords.)			
(A Florida Limited Lia	lability Compa	ny)				
The Articles of Organization for this Limited Liability Company w	were filed or	Janua	N 172	012	and ass	igned
Florida document number L12000007511.			, ,			
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabili	lity compan	<u>v here</u> :				
The new name must be distinguishable and contain the words "Limited Liability	hy Company " 1	the designation	*II C" or the	ahhravi s	tion "I	. C "
The new name must be distinguishable and contain the words. Elimited Elability	iy Gunpany, i	ine designation	LLC OI IIIe	auui evi a	RIOTI C.	L.O.
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)						
				1.	22	
Enter new mailing address, if applicable:					2018	Allera Hot pay
(Mailing address MAY BE A POST OFFICE BOX)				FE -	35	2 G
				7/35 7/35		3
					17)	
B. If amending the registered agent and/or registered offi	ice address	on our rec	ords, <u>ente</u>	Di he	name	of the new
B. If amending the registered agent and/or registered office address here:	:		į	3	ςi.	
			3	<b>&gt;</b>		
Name of New Registered Agent:						
New Registered Office Address:						

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00