12000 119 025

(Re	questor's Name)	
(Ad	ldress)	
,	•	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	☐ MAIL
_		
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
\	,	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	-
Special instructions to	Filing Officer.	
		į
		Į
<u> </u>		

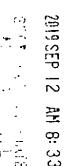
Office Use Only

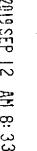


900333414719

Barldria--61, c. --6 . +002.60

S TALLENT SEP 2 1 2019





COVER LETTER

SUBJECT:	Equitable 1	itle of Mid-Florida, LLC		
SUBJECT.		Title of Mid-Florida, LLC Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Sandy Johnston		
			Name of Person	
		Equitable Title of Mid-Flo	rida, LLC	
			Firm/Company	
		6985 Wallace Road		
			Address	
		Orlando, FL 32819		
			City/State and Zip Code	
		sjohnston@equitabletitle.co		_
		E-mail address: (i	to be used for future annual report notif	ication)
For further in	iformation c	oncerning this matter, please ca	ıli:	
Sandy Johns	ton		407 370-6664	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne 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:

Registration Section Division of Corporations

TO:

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 Mid-Florida, Li		
(Name of the Lin	ited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited	Liability Company were filed on 09/17/2012	and assigned
Florida document number L12000119025		
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company here:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the designation	n "LLC" or the abbreviatio L.L.C."
Enter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	,
		☐ (10 to 10
Enter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE</u>	<u></u>	
3. If amending the registered agent and	l/or registered office address on our re	ecords, enter the name of the p
egistered agent and/or the new registered of	office address here:	
Name of New Registered Agent:	Suzann B. Dennis	
New Registered Office Address:		
	Enter Florida street	address
		Florida
	City	Zıp 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, E.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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Lori Jones	6985 Wallace Road	
		Orlando, FL 32819	<u>U</u> //dd
			■ Remove
			Change
MGR	Suzann B. Dennis	6985 Walface Road	
		Orlando, FL 32819	
			☐ Remove
			☐ Change
			□ Remove
			☐ Change
			Add
			☐ Remove
		 -	□ Change
			Remove
			□ Change
	<u>-</u>		
			Remove
			Change

lf an c <u>Note:</u>	tive date, if other than the date of filing: [cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020° If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
Dated	August 23 2019 Signature of a member of authorized representative of a member
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00