L12000152955

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FILED

J. BRYAN

DEC 27 2012

EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

MILLER-TAYLOR TITLE, 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:

CAMILLE MILLER, ESQ

Name of Person

Firm/Company

1806 N Flamingo Rd. Ste 240

Address

Pembroke Pines, FL 33028

City/State and Zip Code

cjlmillerlaw@yahoo.com

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

For further information concerning this matter, please call:

Camille Miller

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

MILLER-TAYLOR TITLE, LLC

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

(A FIORIGALIA)	mica Labinty Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on Decemb	per 7, 2012 and assigned
Florida document number L12000152955		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
Miller Group Title & Escrow, LLC		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," th	·
Enter new principal offices address, if applicable:		2017 SE TAL
(Principal office address MUST BE A STREET ADDRES	<u>SSS)</u>	FR B T
	<u> </u>	26 L
Enter new mailing address, if applicable:		OF STU
(Mailing address MAY BE A POST OFFICE BOX)		OR OR OR
		P
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	red office address on our res <u>s here</u> :	cords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	rida 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 608, 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 Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Broderick L. Taylor	1806 N Flamingo Rd. Ste 240	Add
		Pembroke Pines, FL 3302	8 Remove
		•	Add
		· · · · · · · · · · · · · · · · · · ·	Remove
		SECRETAR TALL AHASS	Add Add Remove
		ASSEE, FLORIDA	Add Add
			Remove
			
			Remove
			Add
		<u></u>	Remove

If amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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icd <u> </u>	DK.19.2012
	Comb Ill
	Signature of a member or authorized representative of a member
	Camille Miller, Esq.
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE