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Special Instructions to	Filing Officer:	
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Registration Section Division of Corporations

Oaadla

TITTE CIRCUP, 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:

Melissa Toscano

Name of Person

Pendleton Title GROUP

Firm/Company

501 8. Dakota AVC #9

Tampa, F1 331000

City/State and Zin Code

MTOScano @ pendletontitle.com

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

For further information concerning this matter, please call:

Melissa Toscano

at (813) 340. 2344

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)

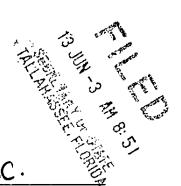
MAILING ADDRESS:

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



Pendleton Titte Caroup, LLC.

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

(A Florida Limited Liability Company)

	ionaa Emmea E	saomiy company)	
The Articles of Organization for this Limited Liab Florida document number LI20001010	_	were filed on 12/26/12	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of the	he limited liab	ility company here:	
The new name must be distinguishable and end with t "L.L.C."	the words "Limi	ted Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicab (Principal office address MUST BE A STREET)		suite 9	nou
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>9X)</u>	sol S. Dakoto Suite 9	
B. If amending the registered agent and/or registered agent and/or the new registered office			r the name of the new
Name of New Registered Agent:			_ .
New Registered Office Address:		Enter Florida street d	address
	_	, Florida	
		City	Zip Code
Now Degistered Agent's Signature if changing Dec	gistanad Agants		

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGRM =	anager Managing Member	NIA		
<u>Title</u>	<u>Name</u>	(0)1.	Address	Type of Action
				Add
				Remove
	<u></u>			Add
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). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	4/28/13
ated	7/20/10
	Signature of a rember or authorized representative of a member
	Exan P. Sixite
	Typed or printed name of signee
	Page 3 of 3
	1 age 5 of 5
	Filing Fee: \$25.00