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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 26, 2016

GLADYS DEL VALLE 8596 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211

SUBJECT: CW ADVERTISING AGENCY LLC

Ref. Number: L13000040476

We have received your document for CW ADVERTISING AGENCY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 2 of document is missing.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 016A00018228

6 SEP -9 PH 12: 4

COVER LETTER

TO:	Registration Se Division of Cor			
GUD IF		ising Agency LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Gladys Del Valle		
			Name of Person	
		MBA Group Professional	LLC	
			Firm/Company	
		8596 Arlington Expresswa	ау	
Division of Corporations CW Advertising Agency 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: Gladys Del Valle Name of Person MBA Group Professional LLC Firm/Company 8596 Arlington Expressway Address Jacksonville FL 32211 City/State and Zip Code mbagladys@att.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: G. Del Valle Name of Person Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\begin{align*} \text{S25.00 Filing Fee} & \text{ \$\subseteq \$30.00 Filing Fee} & \text{ \$\subseteq \$\subseteq \$0.00 Filing Fee} & \text{ \$\subseteq \$\subseteq \$\subseteq \$0.00 Filing Fee} & \text{ \$\subseteq \$\subseteq \$\subseteq \$0.00 Filing Fee} & \$\subseteq \$				
		Jacksonville FL 32211		;
			City/State and Zip Code	
			to be used for future annual report notifice	tion)
For furtl	her information c		•	SE SE
			904 434-1089	SET
	Name of	f Person		المراجعة المناز
Enclose	d is a check for th	ne following amount:		F STATE 48
\$25.	.00 Filing Fee		Certified Copy	□ \$60.00 Filing Fee, Certificate of Status &
	Registr <u>Divisio</u> P.O. Bo	ation Section n of Corporations ox 6327	Registration Section Division of Corporation Clifton Building	ons

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CW ADVERTISING AGENCY L	LC.	
(Name of the Limi	ted Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited I. Florida document number <u>L/30000</u>	iability Company were filed on	3 18 2013 and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	of the limited liability company her	<u>e</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	
(Principal office address MUST BE A STREI	ET ADDRESS)	·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		ESS TO SE TO
		A SECTION AND A
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter the name of the nev
Name of New Registered Agent:	MBA Group Professional LLC	·
New Registered Office Address:	8591 ARLINGTON EXPRESSWA	
	Enter Floria	la street address
	JACKSONVILLE	, Florida 32211
	Citv	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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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Note: If	e date, if other the ctive date is listed, the of f the date inserted in nt's effective date or	this block does n	ot meet the applic	able statutory filin	(options ore than 90 days after fili g requirements, this da	ng.) Pursuant to 603.0 te will not be listed	0207 d as
	ord specifies a do 90th day after th			t an effective t	ime, at 12:01 a.m	n. on the earlie	r of
Λ Nated	AUGUST 18		2016	·			
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-aivu _		hle Sills Signature o	of a member or autho	orized representative	of a member		

Page 3 of 3

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 24, 2016

RICARDO CALZADA, II 4767 NEW BROAD STREET ORLANDO, FL 32814

SUBJECT: EMERALD SEAS TITLE, LLC

Ref. Number: L04000057125

We have received your document for EMERALD SEAS TITLE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 816A00017973



COVER LETTER

TO: Registration Se Division of Cor		•
Emerald Se SUBJECT:	eas Title, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspon	ndence concerning this matter to the following:	
	Ricardo Calzada, II	
	Name of Person	
	Emerald Seas Title, LLC	
	Firm/Company	
	4767 New Broad Street	
	Address	
	Orlando, FL 32814	
	City/State and Zip Code RCalzada@MyLawSolution.com	ALL ASE ONE
	E-mail address: (to be used for future annual report notification)	
For further information co	oncerning this matter, please call:	6-6 F
Ricardo Calzada, II	407- 843-2222 at ()	e Number
Name of		e Number E O
Enclosed is a check for the	e following amount:	
\$25.00 Filing Fee	Certificate of Status 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

Emerald Seas Title, LLC			
(Name of the Lin	nited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited lorida document number L04000057125	Liability Company	were filed on <u>08-02-2004</u>	and assigned
This amendment is submitted to amend the fo	llowing:		
. If amending name, <u>enter the new name</u>	of the limited liab	ility company here:	
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
inter new principal offices address, if appl	icable:	4767 New Broad Street	
Principal office address MUST BE A STRE	ET ADDRESS)	Orlando, FL 32814	
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	E <i>BOX</i>)	4767 New Broad Street Orlando, FL 32814	
			See See
B. If amending the registered agent and egistered agent and/or the new registered of	-	· · · · · · · · · · · · · · · · · · ·	nter The Danfe of He
Name of New Registered Agent:	Ricardo Calzad	a, II -	
New Registered Office Address:	4767 New Broa	· · · · · · · · · · · · · · · · · · ·	57 8
		Enter Florida street address	
	Orlando,	, Florid	la 32814
		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 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 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