

L13000040476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Handwritten signature



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

2016 SEP - 9 PM 3:09  
TALLAHASSEE, FLORIDA

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16 SEP - 9 PM 12:48  
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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 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

904  
at ( )

434-1089

\_\_\_\_\_  
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

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SECRETARY OF STATE



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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Dated AUGUST 18 2016

  
Signature

**Sheila Trujillo**

**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

2016 SEP -9 PM 3:09  
TALLAHASSEE, FLORIDA

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

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16 SEP -9 PM 2:05  
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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Emerald Seas 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:

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

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

For further information concerning this matter, please call:

Ricardo Calzada, II

407- 843-2222  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

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TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08-02-2004 and assigned  
Florida document number L04000057125.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

4767 New Broad Street

**(Principal office address MUST BE A STREET ADDRESS)**

Orlando, FL 32814

**Enter new mailing address, if applicable:**

4767 New Broad Street

**(Mailing address MAY BE A POST OFFICE BOX)**

Orlando, FL 32814

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Ricardo Calzada, II - -

New Registered Office Address:

4767 New Broad Street

*Enter Florida street address*

Orlando,

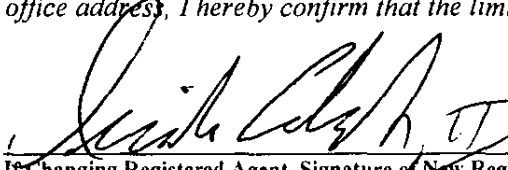
*City*

, Florida 32814

*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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** July 1, 2016 (optional)

(If an effective 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.


If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August 18

2016

August 18 2016



Signature of a member of authorized personnel

Ricardo Calzada, II

Typed or printed name of signee