

L13 0000 77529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

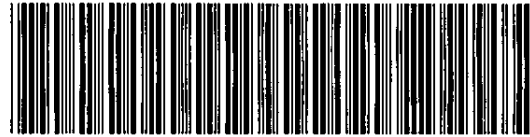
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Raven Title & Escrow Services, 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:

Elizabeth J. Anderson, Esquire

Name of Person

The Anderson Legal Group, LLC

Firm/Company

201 S. Orange Avenue, Suite 900

Address

Orlando, Florida 32801

City/State and Zip Code

eanderson@theandersonlegalgroup.com

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

For further information concerning this matter, please call:

Elizabeth J. Anderson

Name of Person

at ( 407 ) 545-6429

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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2013 NOV 25 AM 10:42  
TALLAHASSEE, FL  
CLERK OF COURT

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Raven Title & Escrow Services, 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 05/28/2013 and assigned  
Florida document number L13000077529.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

201 South Orange Avenue

Suite 900

Orlando, Florida 32801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

201 South Orange Avenue

Suite 900

Orlando, Florida 32801

**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:

Elizabeth J. Anderson, Esquire

New Registered Office Address:

201 South Orange Avenue, Suite 900

*Enter Florida street address*

Orlando

*City*

, Florida 32801

*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.*

*(Signature)*  
**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:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kellie E. Tomeo, Esquire	121 South Orange Avenue	<input type="checkbox"/> Add
		Suite 920	<input checked="" type="checkbox"/> Remove
		Orlando, Florida 32801	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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FALL 2013  
2013 NOV 25  
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

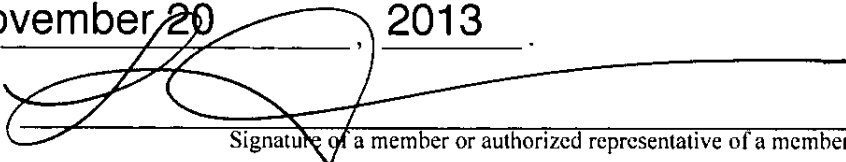
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Dated November 20, 2013



Signature of a member or authorized representative of a member

Elizabeth J. Anderson

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 NOV 25 AM 10:43  
SECRETARY OF STATE  
FALLS CHURCH, VA 22046

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