

L13000125536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV - 5 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Support Title Service, 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:

Carolyn J Kahrs

Name of Person

Attorney Carolyn J Kahrs, PA

Firm/Company

2625 Keystone Road, Suite One

Address

Tarpon Springs, FL 34688

City/State and Zip Code

ckahrs@ststitlefl.com

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

For further information concerning this matter, please call:

Carolyn J Kahrs

Name of Person

at () 727 942-7245

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
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SUPPORT TITLE SERVICE, 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 09/05/2013 and assigned
Florida document number L13000125536.

This amendment is submitted to amend the following:

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

STS Title, LLC

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:

2625 Keystone Road

(Principal office address MUST BE A STREET ADDRESS)

Tarpon Springs, Florida 34688

Enter new mailing address, if applicable:

2625 Keystone Road

(Mailing address MAY BE A POST OFFICE BOX)

Tarpon Springs, Florida 34688

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:

New Registered Office Address:

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

MGR = Manager
MGRM = Managing Member

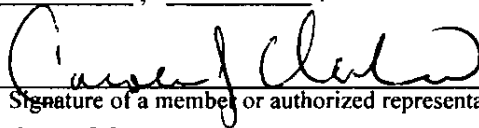
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Carolyn J. Kahrs	4834 Quill Court	<input checked="" type="checkbox"/> Add
		Palm Harbor, Florida 34685	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated September 10, 2013



Signature of a member or authorized representative of a member

Carolyn J. Kahrs, Manager

Typed or printed name of signee

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Filing Fee: \$25.00

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