# L13000138066

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	(Address)
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	(City/State/Zip/Phone #)
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	(Business Entity Name)
	(Document Number)
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COVED LETTER

ATTORNEYS' TITLE SERVICES, LLC

SUBJECT: \_\_\_\_

TO:

**Registration Section** 

**Division of Corporations** 

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:

MICHAEL J. BARKER

Name of Person

ATTORNEYS' TITLE SERVICES, LLC

Firm/Company

12428 SAN JOSE BLVD., SUITE 1

Address

JACKSONVILLE, FL 32223

City/State and Zip Code

CHARLES.WOOD@ATTORNEYSTITLESERVICES.US

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

For further information concerning this matter, please call:

CHARLES WOOD

Name of Person

\_ at (\_\_\_\_\_) Area Code

904

Code Daytime Telephone Number

260-0105

Enclosed is a check for the following amount:

S25.00 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

### ATTORNEYS' TITLE 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 10/01/2013	_ and assigned
Florida document number L13000138066	

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 "LLC."

# Enter new principal offices address, if applicable:

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

	 ۲
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u>≥</u>

B. If amending the registered agent and/or registered office address on our records, <u>enter<sup>2</sup></u> 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 addre	
	, F	Iorida
	Cin	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 an ænding 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>	Name	Address	Type of Action
VP/COO	CHARLES R. WOOD, ESQ.	12428 SAN JOSE BLVD., STE 1	🖬 Add
		JACKSONVILLE, FL 32223	Remove
			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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.

potembo-Z Dated Signature of a member or authorized representative of a member MICHAEL J BARKER

Typed or printed name of signee

Filing Fee: \$25.00