13000141240

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT

First Title Trust 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:

Ilya Torchinsky

Name of Person

Ilya Torchinsky, P.A.

Firm/Company

17100 Collins Avenue., Suite 217

Address

Sunny Isle Beach, FL 33160

City/State and Zip Code

office@ilyatorchinsky.com

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

For further information concerning this matter, please call:

Ilya Torchinsky

786 431-2910

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

ARTICLES OF AMENDMENT **ARTICLES OF ORGANIZATION OF**

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liabi Florida document number <u>L13000141240</u>	lity Company were filed on	10/07/2013	_ and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	e limited liability company	<u>here</u> :	
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Co	mpany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicabl	e:		700
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address (on our records, <u>enter the</u>	
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street addre	ss
_		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Reg	istered 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>	Address	Type of Action
MGR	Jaquaris D. Brown	110 N. Federal Hwy #504,Ft Lauderdale, FL 33301	Add
			Remove
			Add
			Remove
_			Add
			Remove
			_
			L Add
			Remove
			- -
			_ L_ Add
			Remove
			- □
<u> </u>			
			Remove

		
December 23	2013	
	, 	h-tough
Signatui	e of a member or authorized represen	ntative of a member

Typed or printed name of signee

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Filing Fee: \$25.00

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