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(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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2014 APR -4 PHI2: 32

CAPR OF 2014 D. BRUCE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Title Bridge, 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:
Shelly Blanchard Name of Person
The Title Bridge, LLC Firm/Company
1217 South US Hwy 17-92
Longwood, 7c 32750 City/State and Zip Code Shelly & The Hitle Widge, Com E-mail address: No be used for future annual report notification)
For further information concerning this matter, please call:
Shelly Blanchard at (407) 810-0229 Area Code Daytime Telephone Number Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$

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

The Title	Bridge, UC
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v. Florida document number	were filed onand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	<u>ity company here</u> :
The new name must be distinguishable and end with the words "Limited Liabil	ity 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)	1217 South US Hwy 17-92 Long wood, 71 32750
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1217 South US Hwy 17-92 Long wood, Fr 32750
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	ice address on our records, enter the name of the new
Name of New Registered Agent: 5h	elly Blanchard Touth Us Hwy 1729 2
New Registered Office Address: /2,	17 South Us Hwy 17=92
	City Enter Florida street address Florida Zip Cada Zip Cada Zip Cada
I hereby accept the appointment as registered agent and agree	e to act in this capacity. I further agree to comply with the

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

Page 1 of 3

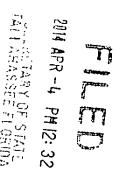
If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
<u>mbr</u>	Thomash Lovett	140 Wigwam Place Maitland, 703275		
		·	<u>.</u>	
MGR	Shelly Blanchard	1217 South US Hwy/ Longwood, 7c 32750	7-93 PAdd	
		Longwood, 7c 32750	Remove	
			🗖 Add	
			□ Remove	
			□ Add	
			Remove	
			Add APRemove PHI2:	
			□ Remove	

). If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	. '
(The effective	date, if other than the date of filing: 4///4 (optional) e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after so document is filed by the Florida Department of State)
•	4/1 2014
Dated	01/1/2/2010
	LAN 110 ancead
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00



If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
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-	<u> </u>
-	
. Effect	live date, if other than the date of filing: $4///4$ (optional)
(The eff	ective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
uie dai	te this document is filed by the Florida Department of State)
Dated	$\frac{9/1}{2019}$
	$^{\prime}$ \wedge
	VILLID ancead
	Signature of a member or authorized representative of a member
	Shelly Blanchard
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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