14000091775

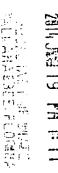
(Requestor's Name)		
(Address)		
(Ac	ddress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	JUN 25 2014	
	A. LUNT	

Office Use Only



700261385147

06/19/14--01016--012 **25.00



COVER LETTER

TO:

Registration Section Division of Corporations

ACE TITLE AND ESCROW SERVICES, LLC.

SUBJECT:

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:

ISABEL FIGUEROA

Name of Person

ACE TITLE GROUP, INC.

Firm/Company

2048 SE 13 STREET

Address

HOMESTEAD, FL 33035

City/State and Zip Code

CLOSINGS@ACETITLEFL.COM

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

For further information concerning this matter, please call:

ISABEL FIGUEROA

*.,*786 \566-6959

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 TO ARTICLES OF ORGANIZATION OF

ACE TITLE AND 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 Liab	ility Company were filed on June 9, 2014	and assigned
Florida document number L140091775		w ~ 3
This amendment is submitted to amend the follow	ing:	2914 JEW 19
A. If amending name, enter the new name of the	e limited liability company here:	198387 T
The new name must be distinguishable and end with the wor	rds "Limited Liability Company," the designation "LLC" or th	
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET	ADDRESS)	233°
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>ente</u> <u>e address here</u> :	er the name of the nev
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 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 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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ACE TITLE SERVICES, INC.	2048 SE 13 STREET	
		HOMESTEAD, FL 33035	■ Remove
MGR_	ACE TITLE GROUP, INC.	2048 SE 13 STREET	= Add
		HOMESTEAD, FL 33035	Remove
			Add Remove Add
	 		□ Add
			□ Remove
			□ Add
			Remove

If amending any other information, enter change(s) here: (Attach ad	dditional sheets, if necessary.)
	····
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and can the date this document is filed by the Florida Department of State)	(optional) nnot be more than 90 days after
Dated June 12	
Miller	
Signature of a member or authorized represent	tative of a member
Signatuse of a member or authorized represent	tative of a member

Page 3 of 3

Filing Fee: \$25.00