

L14 000097749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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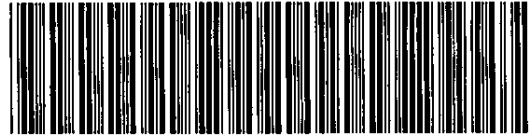
(Business Entity Name)

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TALLAHASSEE, FLORIDA

16 DEC 16 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MIAMI TITLE, 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:

GENTLE BARNETT

Name of Person

Miami Title, LLC
Firm/Company

SSS WASHINGTON AVE. #370
MIAMI BEACH FL. 33139

City/State and Zip Code _____
 G BARNETT ESQ @ MSN. Com
 E-mail address: (to be used for future annual report notification) _____

For further information concerning this matter, please call:

GENTLE BARNETT at (954) 699-3567
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

MIAMI TITLE, LLC.

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	David DAYAN	555 WASHINGTON AVE. #370	<input type="checkbox"/> Add
		MIAMI BEACH FL. 33139	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<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.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated ~~12/8/14~~ DEC. 8, 2014.

Signature of a member or authorized representative of a member
DAVID DAYAN

Typed or printed name of signee

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Filing Fee: \$25.00

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