

L14000115889

Sep. 29. 2015 1:55 PM  
Division of Corporations

No. 2130 P. 1/5  
Page 1 of 2

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : PAUL A. KRASKER, P.A.  
Account Number : I20090000078  
Phone : (561) 801-7312  
Fax Number : (561) 515-3904

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Jwisher@tridenttitlellc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PROGRESSIVE TITLE SOLUTIONS, LLC

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15 SEP 29 PM 1:42

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TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 SEP 29 A 8:51

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SEP 30 2015

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Progressive Title Solutions, 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:

Jonathan Weber

Name of Person

Firm/Company

580 Village Boulevard, Suite 225

Address

West Palm Beach, FL 33409

City/State and Zip Code

jweber@tridenttitlellc.com

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

For further information concerning this matter, please call:

Jon Weber

at ( 561 )

385-0974

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

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415 000 233 556 3  
**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Progressive Title Solutions, LLC

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

FILED  
2015 SEP 29 A 8:51  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE STATE  
OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 7/23/2014

Florida document number L14000115889

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 "L.L.C."

Enter new principal offices address, if applicable:

11000 Prosperity Farms Road

(Principal office address MUST BE A STREET ADDRESS)

Suite 103

Palm Beach Gardens, FL 33410

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter 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 address

City, Florida 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

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If amending 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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STATE  
FLORIDA

No. 2130 P. 5/5

415002335563  
enter change(s) here: (attach additional

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

**Dated** \_\_\_\_\_

Signature of a member or authorized representative of a member

Jonathan Weber, as Manager of Title Management, LLC

Typed or printed name of signee

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CLERK OF DISTRICT COURT  
STATE OF FLORIDA  
JACKSONVILLE