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(F	Requestor's Name)
(/	Address)
(/	Address)
(4	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	Business Entity Name)
(1)	Document Number)
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C. GOLDEN JAN 31 2019

COVER LETTER

то:	Registration Se Division of Cor			
01115.11		Services, LLC		
SUBJI	.C1:	Name of Lim	ited Liability Company	
The en	closed Articles of .	Amendment and fee(s) are sub	mitted for liling.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Anthony Surber		
		AWS Title Services	Name of Person	
		5326 Van Dyke Road	Firm Company	
		Lutz, FL 33558	Address	
		surber@awslawandtitle.con	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For fur	ther information ed	oncerning this matter, please co	all:	
Anthor	ıy Surber		813 908-6800	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
\$ \$2:	5.00 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

FILED

2019 JAN 24 AM 11: 42

AWS TITLE 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 Liability Company were filed on April 20, 2015 ____ and assigned Florida document number 1.15000068720 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 "LLC." 5326 Van Dyke Road Enter new principal offices address, if applicable: Lutz, FL 33558 (Principal office address MUST BE A STREET ADDRESS) 5326 Van Dyke Road Enter new mailing address, if applicable: Lutz, FL 33558 (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

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 imending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMRR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□ Remove
			Change
			🗆 Add
			🗆 Remove
			Change
			🗆 Add
			□ Remove
			☐ Change
			□ Remove
			Change
			🗆 Remove
			Change
			🗆 Add
			□ Remove
			Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing:
(b) The	Ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	January 22. 2019
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00