

L150000 87105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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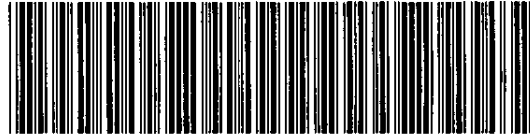
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

JUN 05 2015

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FLORIDA MUNICIPAL LIEN SEARCH, 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:

MICHELE DIGLIO-BENKIRAN, ESQUIRE

Name of Person

NEJAME LAW, P.A.

Firm/Company

189 SOUTH ORANGE AVENUE, SUITE 1800

Address

ORLANDO, FLORIDA 23801

City/State and Zip Code

MICHELE@NEJAMELAW.COM

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

For further information concerning this matter, please call:

MICHELE DIGLIO-BENKIRAN

Name of Person

407

at (_____) _____

Area Code

245-1232

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**

FLORIDA MUNICIPAL LIEN SEARCH, 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 05/08/2015 and assigned
Florida document number L15000087105

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: _____

(Principal office address MUST BE A STREET ADDRESS) _____

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

_____, 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 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>
AMBR	MHAMED BENKIRAN	1999 WEST COLONIAL DR.	<input type="checkbox"/> Add
		ORLANDO, FL 32804	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MICHELLE BARKER	1291 West Black Rock Trail, Unit 1	<input checked="" type="checkbox"/> Add
		Herber City, Utah 84032	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2015 JUN -4 PM 12:09
 TALLAHASSEE, FLORIDA
 SECRETARY OF STATE

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[illegible]

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

Dated JUNE 1

es a delayed effective date, but not an effective time
after the record is filed.

2015

Signature of a member of authorized representative of a

Signature of a member or authorized representative of a member

MHAMED BENKIRAN

Typed or printed name of signee

Pursuant to 28 U.S.C. 50207 (3)(b)
 will not be used as the
 on the earlier of:
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 SECRETARY OF STATE
 ANNASSEE, FLORIDA