## 115000095886

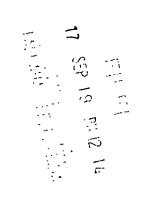
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	<u> </u>   
(Document Number)	
Certified Copies Certificates of S	Statu <b>s</b>
Special Instructions to Filing Officer:	

Office Use Only



900303402039

09/19/17--01015--014 \*♦25.00



D. SCOTT SEP 2 0 2017

## **COVER LETTER**

1();		ion of Cor		  -				
SUBJEC		Central Flo	rida Title Clermont, LL0	lı G L				
			Name	of Luni	ited Liability Company			
The encl	osed .	Articles of	Amendment and fee(s):	aic subi	mitted for filing.			
Please re	turn :	ill correspo	ondence concerning this	  matter t 	to the following:			
			Jeffrey Ostlie					
				<u> </u>   	Name of Person			
			Jeffrey D. Ostlie, P.	  }.				
				<u> </u>	Firm Company	-		
			19 E. Central Boule	yard Yard				
				<u></u>	Address			
			Orlando, FL 32801					
					City State and Zip Code			
			jeff@osthelaw.com	Hros U	o be used for future annual report not	dî antimat		
For furth	er int	ormation c	oncerning this matter, p	j.	·	(HCJH9H)	_	
			meering this mater, p	Case ca			<u> </u>	3
Jeffrey I	711811		<del></del>	<u>                                     </u>	407 330-5255 at () Area Code Daytim		(	<b>当</b> 7
		Name o	f Person		Area Code Daytim	ie Telephone Number	( <del>-</del>	1.52
Enclosed	l is a c	check for th	ne following amount:					(S)
\$25.0	00 Fil	ing Fee	□ \$30,00 Filing Fee Certificate of Sta	& Harris	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	
		Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 assee, FL 32314	  -  -  -	STREET/COURI Registration Section Division of Corpor Clirton Building 2601 Executive Co Tallahassee, FL 32	on rations enter Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Central Florida Title Clermont, ILC (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  $\frac{06/01}{110}$  2015 and assigned Florida document number  $\frac{1.15000095886}{1.15000095886}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Central Florida Title Orlando, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 19 E Central Boulevard Enter new principal offices address, if applicable: Orlando, FL 32801 (Principal office address MUST BE A STREET ADDRESS) 19 E Central Boulevard Enter new mailing address, if applicable: Orlando, FL 32801 (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 On 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.

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

•			
	g Authorized Person(s) at 1 from our records:	thorized to manage, enter the title, na	ame, and address of each person being adde
MGR = \ \text{AMBR} = \ \text{A}	Manager Authorized Member	1	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
		 	☐ Remove
			☐ Change
			□ Remove
		·	🗖 Change
			Remove
			Change
			Add
			Remove
			Change
			Add
		-	Reniove
			Change
· · ·			Add
			□ Remove
			☐ Change

	i, enter change(s) here: (Attach additional	l sheets, if necessary.)
•		
	i:	
	ı	
	[]	
· · · · · · · · · · · · · · · · · · ·		
·	<u>'</u>	
		_
tive date, if other than the da	te of filing:	(optional)
flective date is listed, the date must be If the date inserted in this block	specific and cannot be prior to date of filing or more to does not meet the applicable statutory filing red	than 90 days after filmg.) Pursuant to 605.0 quirements, this date will not-be listed
nent's effective date on the Depar	does not meet the applicable statutory filing red timent of State's records.	
		· G
cord specifies a delayed ef e 90th day after the record	fective date, but not an effective time	e, at 12:01 a.m. on the earlie
. 200. day area are record		. 3
	2017	· · · · · · · · · · · · · · · · · · ·
September 7	=''''	
- Copy		
- Copy	nature of a member or authorized representative of a	
- Copy		
John (Sie		
John (Sie	nature of a member or authorized representative of a	