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SECRETARY OF STATES

S. YOUNG

COVER LETTER

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TO: A Registration S Division of Co				
Title Loun SUBJECT:	ge, LLC			
3003EC1.	Name of Lim	,		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Kristi L. Sereno			SECRE FALLA
		Name of Person		FILE TARY HASSE
		Firm/Company		ECRETARY OF STATE LLAHASSEE FLORIDI
	709 W. Peninsular St.			: 23
		Address		
	Tampa, FL 33603			
	kristi@titlelounge.com	City/State and Zip Code		
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report notif all:	ication)	
Kristi L. Sereno		814 218-5056 at ()		
Name	of Person		e Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee & Certificate of Status		□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is end	
	LING ADDRESS: tration Section	STREET/COURI Registration Sectio		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Title Lounge LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 8/11/2015	and assigned
Florida document number L15000137252		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Haven Title LLC		
The new name must be distinguishable and contain the words "Limited I	liability Company," the designation "LLC" or the ab	
Enter new principal offices address, if applicable:		6 AP
(Principal office address MUST BE A STREET ADDRESS		8 HA
		<u>ت</u> کران کران
		7
Enter new mailing address, if applicable:		STA COR
(Mailing address MAY BE A POST OFFICE BOX)		3 <u>E</u> nt
		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		the name of the new
registered agent and/or the new registered office address	nere.	
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

b. -- 0

MGR = Manager

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

AMBR = A	authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
	·		☐ Remove
			☐ Change
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ffective date, if other than the can effective date is listed, the date must lote: If the date inserted in this blo ocument's effective date on the De	ek does not r	nect the applica					
e record specifies a delayed The 90th day after the reco	effective or rd is filed.	date, but not	an effecti	ve time, at	12:01 a.m.	on the earlie	r of:
4/11 ated		2016					
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Filing Fee: \$25.00