# L14000044078

| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
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Office Use Only



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J. HARRIE



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 439497 7369379

AUTHORIZATION : Smill Blank

COST LIMIT : \$/55...00

ORDER DATE: December 27, 2016

ORDER TIME: 8:42 AM

ORDER NO. : 439497-005

CUSTOMER NO: 7369379

#### DOMESTIC AMENDMENT FILING

NAME: A & B TITLE AND ESCROW

SERVICES LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS:

## **COVER LETTER**

|                      | tion Section<br>of Corporations  |
|----------------------|--|
| SUBJECT:             | A7B Title and Escrow Services LLC Name of Limited Liability Company  |
| ć                    |  |
| The enclosed Artic   | cles of Amendment and fee(s) are submitted for filing.   |
| Please return all co | orrespondence concerning this matter to the following:   |
|                      | Robert 2. Bone Jr  |
|                      | Name of Person   |
|                      |  |
|                      | Firm/Company   |
|                      | 918 Wi Main Street   |
|                      | Leesburg FJ. 34748  Oty/State and Zip Code  There are the bone and E-mail address: (to be used for future annual report notification)  |
| For further informa  | ation concerning this matter, please call:   |
| Rober                | Area Code Daytime Telephone Number   |
| Enclosed is a check  | k for the following amount:  |
| \$25.00 Filing I     | Fee \$\Bigcup \\$30.00 \text{ Filing Fee & Certificate of Status} \\ \text{Certified Copy (additional copy is enclosed)} \Bigcup \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \Bigcup \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup |

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

| Hame of the Limited Link (A Flor  | and Escrew Surv<br>bility Company as it now appears on our records.)<br>rida Limited Liability Company) | icesLIC                   |
|---|---|---------------------------|
| The Articles of Organization for this Limited Liability Florida document number $216000046$   | Company were filed on March 4,5   | olo and assigned          |
| This amendment is submitted to amend the following:   | :   |                           |
| A. If amending name, enter the new name of the li   | mited liability company here:   |                           |
| NA  |   |                           |
| The new name must be distinguishable and contain the words "L   | imited Liability Company," the designation "LLC" or   | the abbreviation "##L.C." |
| Enter new principal offices address, if applicable:   | _NA   | 3                         |
| (Principal office address MUST BE A STREET ADD  | DRESS)  | <u> </u>                  |
|   |   |                           |
| Enter new mailing address, if applicable:   | NA  | 11 8: 4                   |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |                           |
| B. If amending the registered agent and/or regregistered agent and/or the new registered office ad  Name of New Registered Agent:  New Registered Office Address: | MA  Enter Florida street address  |                           |
| , <del></del>   | , Florid  | a<br>Zip Code             |
|   |   | -y                        |

### 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

| Title       | <u>Name</u>      | Address                                   | Type of Action |
|-------------|------------------|---|----------------|
| AMBR        | Andrey Ann Gibbs | 10238 Janies Run                          | <b>, X</b> Add |
|             | ~                | 10238 Janies Run<br>Leesburg, Florida 347 | BB □ Remove    |
|             |                  |   | Change         |
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| If amending any other information, enter change(s) here: (Attach additional sheets, if no   | cessary.)                              |
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| ffective date, if other than the date of filing: October 1, 2016 (option effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after: If the date inserted in this block does not meet the applicable statutory filing requirements, the ocument's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01. The 90th day after the record is filed. | is date will not be listed as th       |
| ated 12/20/16   |  |
| 11/3  | 16                                     |
| Signature of a member or authorized representative of a member  Robert E. Bone, Jr. AMB   | F                                      |
| Typed or printed name of signee   | Dia                                    |
|   | œ 🖟                                    |

Filing Fee: \$25.00