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COVER LETTER

	ision of Corp					
SUBJECT:	ACT TITLE	SERVICES LLC				
Sebare I.		Name of Limi	ted Liability Company			
The enclosed	d Articles of A	Amendment and fee(s) are subt	nitted for filing.			
Please return	all correspor	dence concerning this matter t	to the following:			
		IVAN ZIGLER				
	Name of Person					
			Firm/Company	·		
	330 SW 2ND STREET, SUITE 105					
			Address			
		FORT LAUDERDALE, FL 33312				
		ADMIN@ADVANCEDTIT	City/State and Zip Code FLE.NET			
		E-mail address: (1	to be used for future annual report notification	ition)		
For further in	nformation co	ncerning this matter, please ca	ıll:			
IVAN ZIGL	LER		561 212-0260 at ()	_		
	Name of	Person	· Area Code Daytime To	elephone Number		
Enclosed is a	a check for th	e following amount:				
\$25.00 F	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

C."
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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>	Address	Type of Action
MGR.	COLLIN MURPHY	9681 ENCINO DRIVE	□ Add
	•	MIRAMAR, FL 33025	Remove
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ffective date, if other than the date an effective date is listed, the date must be store: If the date inserted in this block comment's effective date on the Depart	specific and cannot be prid does not meet the appli	icable statutory filing	(optional) e than 90 days after filing requirements, this date	,) Pursuant to 605.02
e record specifies a delayed eff The 90th day after the record	ective date, but n is filed.	ot an effective tir	ne, at 12:01 a.m.	on the earlier
NOVEMBER 29	, 2016			
1				

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Filing Fee: \$25.00