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D. SCOTT  
NOV 6 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Florida Lawyers Title and Escrow, 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:

Patrick H. Willis

\_\_\_\_\_  
Name of Person

Willis & Oden

\_\_\_\_\_  
Firm/Company

2121 S. Hiwassee Road, Suite 116

\_\_\_\_\_  
Address

Orlando, FL 32835

\_\_\_\_\_  
City/State and Zip Code

pwillis@willisoden.com

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

For further information concerning this matter, please call:

Patrick H. Willis

407

903-9939

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

Area Code

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

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2011 NOV -3 PM 1:01  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Florida Lawyers Title and Escrow, 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 8/8/16 and assigned  
Florida document number L16000155551.

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:

2121 S. Hiawassee Road, Suite 116

(Principal office address MUST BE A STREET ADDRESS)

Orlando, FL 32835

Enter new mailing address, if applicable:

2121 S. Hiawassee Road, Suite 116

(Mailing address MAY BE A POST OFFICE BOX)

Orlando, FL 32835

**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:

Willis & Oden, PL

New Registered Office Address:

2121 S. Hiawassee Road, Suite 116

*Enter Florida street address*

Orlando

Florida 32835

*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	Nicholas Fouraker	150 N. Orange Avenue	<input type="checkbox"/> Add
		Orlando, FL 32801	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Amy Fouraker	2121 S. Hiawassee Road, Suite 116	<input checked="" type="checkbox"/> Add
		Orlando, FL 32835	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Patrick Willis	2121 S. Hiawassee Road, Suite 116	<input type="checkbox"/> Add
		Orlando, FL 32835	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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PALM BEACH COUNTY, FLORIDA

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

(b) The 90th day after the record is filed.

ated \_\_\_\_\_  
\_\_\_\_\_  
Signature of a member or authorized

Signature of a member or authorized representative of a member

Patrick H. Willis

Typed or printed name of signee

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TALLAHASSEE  
FLORIDA  
Pursuant to 605.0207 (3)(b)  
it will not be listed as the