116000191952

(Re	equestor's Name)	
(Ac	idress)	
(Ac	dress)	
(Ci	ty/State/Zip/Phone #	<i>‡</i>)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	Certificates c	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200291660462

10/28/16--01012--013 **25.00

PILEU 2016 OCT 28 P 3 03 SECRETARY OF STATE

S Warren 0CT 3 1 2016

COVER LETTER

TO:	Registration Se Division of Cor	ction porations				
CUDI	Absolute Ti	tle, LLC				
SUBJ	ECT:	Name of Lim	ited Liability Company			
The e	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		Tim Biswurm				
			Name of Person			
		Absolute Title				
		Firm/Company				
		12695 Aviano Drive				
			Address			
		Naples, FL 34105				
			City/State and Zip Code	·		
		timbiswurm@gmail.com				
		E-mail address: (1	to be used for future annual report notifi	cation)		
For fu	rther information co	oncerning this matter, please ca	all:			
Chris	····		239- 289-1290 at ()			
	Name of	f Person	Area Code Daytime	Telephone Number		
Enclo	sed is a check for th	ne following amount:				
■ \$2	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Absolute Title LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limit	mpany as it now appears on our re ted Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compa	any were filed on	and assigned
Florida document number L16000191952		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
Principal office address MUST BE A STREET ADDRESS	<u> </u>	36 to 100
Enter new mailing address, if applicable:		SAR SO
Mailing address MAY BE A POST OFFICE BOX)		TA D
		E ATS
		8 C
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l	l office address on our reco here:	ords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ldress
		, 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

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	Christopher Rush	501 Goodlette Rd N. D-100, Naples FC 34102	= Add
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			Remove
			Change
			Add
			_ □ Remove
			Change
			🗖 Add
			□ Remove
		21 H 001	Change
		ARY OF TO	Add
		STATE	_□ Remove
			_□ Change

						eets, if necess	
	,			· · · · · · · · · · · · · · · · · · ·			
		-					
					<u> </u>		
							
							
	_			_			

-						- .	
		-					
effective e: If th	date, if other the date is listed, the date inserted in seffective date of	date must be spec this block doe the Departme	if filing: cific and cannot be so not meet the a ent of State's rec	e prior to date of fi applicable statut	ling or more than ory filing requir	90 days after fil rements, this d	ling.) Pursuant to ate will not be
	th day after th	he record is	niea.				
he 90t	th day after th		2016				
he 90t	th day after th		2016				20
he 90t	th day after th		2016	r authorized repro	sentative of a me	mber 220	2815
he 90t	th day after th		2016		sentative of a me	4	2015 7
he 90	th day after th		, 2016 , zn			mber AHASSEE, FLO	TILED

Filing Fee: \$25.00