# L16000000184

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ECRETARY OF STATE
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**S** Warren

MAY - 8 2017

## **COVER LETTER**

	Registration So Division of Co			
CLID IEC		LE SERVICES, LLC		
SUBJEC'	1;	Name of Lim	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		ALI ASMAR		
			Name of Person	<del></del>
		ATTORNEYS JUSTIN CI	LARK AND ASSOCIATES	
			Firm/Company	
		500 WINDERLEY PLACE	Е	
		<del> </del>	Address	
		MAITLAND FL. 32751 S	UITE 100	
			City/State and Zip Code	<u> </u>
		AASMAR@YOUHAVEPO		
		E-mail address; (	to be used for future annual report notific	cation)
For furthe	r information o	oncerning this matter, please co	all:	
ALI ASM	IAR		321 282-1055 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed i	is a check for t	he following amount:		
\$25.00	0 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**

### CORE TITLE SERVICES, LLC

The Articles of Organization for this Limited	were filed on 11/14/2016	and assigned			
Florida document number L16000208184					
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited liab	ility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		500 WINDERLEY PLACE			
(Principal office address MUST BE A STREET ADDRESS)		MAITLAND FL. 32751 SUITE 100			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		500 WINDERLEY PLACE MAITLAND FL. 32751 SUITE 100			
			- <b>-</b>		
			cords, enter the man of the		
	office address her		FILE Y-5 HASSE		
Name of New Registered Agent:	office address her  ATTORNEYS	<u>e</u> :	FILE Y-5 HASSE		
egistered agent and/or the new registered	office address her  ATTORNEYS	e: JUSTIN CLARK AND ASS	HASSE OF STA		
	office address her  ATTORNEYS	e: JUSTIN CLARK AND ASS LEY PL.SUITE 100	HASSE OF STA		

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

Page 1 of 3

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	JUSTIN CLARK	500 WINDERLEY PL	■ Add
		MAITLAND FL. 32751 SUITE 100	☐ Remove
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effective date is listed,	r than the date of the date must be speci	ific and cannot be	prior to date of filin	ng or more than 90 d	_ (optional) lays after filing.) l	Pursuant t	o 605.02
<u>ie:</u> If the date inserte	ed in this block does ite on the Departmer	s not meet the ap	pplicable statutor	y filing requireme	ents, this date w	ill not be	listed
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	Signature	re of a member or	authorized represe	ntative of a member	<u> </u>	<del></del>	<u>_</u> <u>H</u>
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Page 3 of 3

Filing Fee: \$25.00