4700014652

(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phone i	
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Name	2)
(Docur	ment Number)	
Certified Copies	Certificates o	of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



500295531585

02/22/17--01025--018 **25.00

FEB 2 3 2017 S. YOUNG

17 FED 22 AT 10: 15

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Warranty Group of America 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:
Roberto Fancorbo Name of Person
warranty Group of America LLC
924 NUNIVERSITY DR # 442
Coral Springs Fl. 33071 City/State and Zip Code City/State and Zip Code
E-mail address: (to be used for Alture annual report notification)
For forther information and anti-control of the section of the sec
Name of Person at (954) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Solution Status Sol

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

(Name of the Limited Lability Company	as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company we Florida document number 17004452.	1 classo	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ty 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:		
(Principal office address MUST BE A STREET ADDRESS)	7	
-		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		. !
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new	-
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
-	, 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

Title Type of Action **Name** Michael T Smith JR 931 N University DR H-442 Coral Springs F1.33071 □ Remove ☐ Change □ Add ☐ Remove ☐ Change_~ _□ Remove ☐ Change _□ Add ☐ Remove □ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove __ Change

	7
	[1]
	P.
	<u></u>
	,
	<u> </u>
ffective date is listed, the date must be specific and cannot be prior to date of filing or more the date inserted in this block does not meet the applicable statutory filingment's effective date on the Department of State's records.	(optional) ore than 90 days after filing.) Pursuant to 605, grequirements, this date will not be listed
ecord specifies a delayed effective date, but not an effective ti e 90th day after the record is filed.	ime, at 12:01 a.m. on the earlie
February 21st, 2017	
Signature of a member of authorized representative	

Page 3 of 3

Filing Fee: \$25.00