

3/1/2017  
L 1700024718  
Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

((H17000058025 3))



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2017 MAR -1 AM 9:33  
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TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
IT IS WHAT IT IS LLC

Certificate of Status	0
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ALLASTON, LORD

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Mar. 1, 2017 2:57 PM #17

H170000580253

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IT IS WHAT IT IS 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:

ANNABEL FERNANDEZ

Name of Person

EXPRESS TITLE SERVICES GROUP INC

Firm/Company

10261 SW 72 ST, C 101

Address

MIAMI, FL 33173

City/State and Zip Code

AFERNANDEZ@EXPRESSTITLESERVICES.NET

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

For further information concerning this matter, please call:

ANNABEL FERNANDEZ

305 2748200  
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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

H170000-580253

FILED  
2017 MAR -1 AM 9:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

IT IS WHAT IT IS 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 02/01/2017 and assigned  
Florida document number L17000024718

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:

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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:

ELDA MARTINEZ

New Registered Office Address:

11834 SW 37TH ST

Enter Florida street address

MIAMI

City

Florida 33175

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

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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>
MGR	MARTINEZ, LUIS	11834 SW 37TH ST	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33175	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARTINEZ, ELDA	11834 SW 37 ST	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33175	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 685.0207 (3)(b)  
**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.

Dated **FEBRUARY 28** **2017**

*Chad Martin*  
Signature of a member or authorized representative of

Signature of a member or authorized representative of a member:

**ELDA MARTINEZ, MANAGER.**

Typed or printed name of signee

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**Filing Fee: \$25.00**

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