

L17000053166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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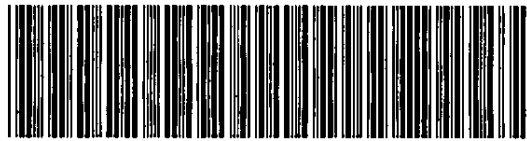
(Business Entity Name)

(Document Number)

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18 MAY - 7 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SIMMONS
May 11 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

Simpson & Associates Legal And Title, LLC

SUBJECT: _____
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:

Arthur Simpson

Name of Person

Florida Pros

Firm/Company

240 South Atlantic Ave.

Address

Ormond Beach, FL 32176

City/State and Zip Code

asimpson@floridapros.com

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

For further information concerning this matter, please call:

Arthur Simpson 386 301-4483

Name of Person at (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**

Simpson & Associates Legal And Title, 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 03/07/2017 and assigned
Florida document number L17000053166.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Florida Pros Legal & Title, LLC

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)

240 South Atlantic Ave

Ormond Beach, FL 32176

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

240 South Atlantic Ave

Ormond Beach, FL 32176

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:

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

☐ Add
☐ Remove
☐ Change
☐ Add

18 MAY -7 PM 2:30
CITY OF LOS ANGELES
CALIFORNIA

FILED
18 MAY -7 PM 2:58
FBI - MEMPHIS

05/05/2018

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.

Dated May 4 2018

Figure 4: Signature of a n

Signature of a member or authorized representative of a member

~~Arthur Simpson~~

Typed or printed name of signee