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COVER LETTER

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aun inar		TLE SERVICES, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		CHARLES S. SERFATY		
		SERFATY LAW PA	Name of Person	
		4770 BISCAYNE BOULE	Firm/Company EVARD , SUITE 1430	
		MIAMI, 33137	Address	
		CSERFATY@SERFATYL	City/State and Zip Code AW.COM	
		E-mail address: (to be used for future annual report notif	ication)
For further i	information co	oncerning this matter, please ca	all:	
SIOLY F R	ODRIGUEZ		305 722.9999 Area Code Daytime	
	Name of	f Person	Area Code Daytime	: Telephone Number
Enclosed is	a check for th	ne 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

CYBER TITLE SERVICES, LLC		
(Name of the Limited Li (A F	ability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ity Company were filed on 03/29/2017	and assigned
This amendment is submitted to amend the following	og:	751
A. If amending name, enter the new name of the	limited liability company here:	SI SI
AGENCY TITLE GROUP, LLC		12 第二
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or t	he abbreviation L.L.C.
Enter new principal offices address, if applicable	· ·	<u> </u>
(Principal office address MUST BE A STREET A	DDRESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>en</u> <u>address here</u> :	iter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florida	a
-	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 **Address** Title <u>Name</u> Type of Action _□ Add □ Remove ☐ Change ☐ Add ☐ Remove _□ Change □ Add Remove Change □Ādd □ Remove ☐ Change □ Add _□ Remove ☐ Change □ Add ☐ Remove

☐ Change

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	09/24/2018
Effec (If an e	tive date, if other than the date of filing:
Note	$\frac{1}{2}$ If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as if
docui	ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Dated	d SEPTEMBER 24th 2018
	Signature of a member or authorized representative of a member
	Signature of a memory of authorized representative of a memor

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00