

JAN 31/2019/TEL 2019 FAX 2019
LM000071889

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H190000375203ABC.

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : SERFATY LAW, P.A.
Account Number : I20060000161
Phone : (305)722-8555
Fax Number : (305)722-9555

FILED
2019 JAN 31 AM 9:11
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AGENCY TITLE GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

T. CLINE
FEB 1 - 2019
EXAMINER

2019 JAN 31 PM 3:04

JAN/31/2019/THU 02:03 PM

FAX No.

P. 002

COVER LETTER

4190000375203

TO: Registration Section
Division of Corporations

SUBJECT: Agency Title Group, 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:

Charles Serfaty
Name of Person

Serfaty Law, P.A.
Firm/Company

4770 Biscayne Blvd. Suite 430
Address

Miami, FL 33137
City/State and Zip Code

Corporate @ Serfaty Law.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Rubio at (305) 722-8555
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

RECEIVED
TALLAHASSEE, FLORIDA
2019 JAN 31 AM 9:11

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H190000375203

Agency Title Group, 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 4/26/18 and assigned Florida document number L170000711889.

This amendment is submitted to amend the following:

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

Clear to Close, 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)

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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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FAX No.

P. 004

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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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

2019 JAN 31 AM 9:13
OFFICE OF THE
ATTORNEY GENERAL
FLORIDA

JAN/31/2019/THU 02:04 PM

FAX NO.

F. 005

H 190000375203

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

2019 JAN 31 AM 9:11
FLORIDA DEPARTMENT OF STATE
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 605.0207 (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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

January 29

Signature of a member or authorized representative of a member

Charles Scrafty
Typed or printed name of

Typed or printed name of signee