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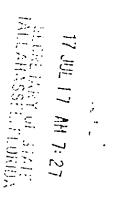
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JUL 18 2017 J SHIVERS

## **COVER LETTER**

SUBJECT:		S UNITED TITLE LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Philip A. Weylie		
			Name of Person	
		Weylie Centonzio PLLC		
			Firm/Company	<del></del>
		5029 Central Avenue		
			Address	
		St. Petersburg, FL 33710		
		pw@wclawfl.com	City/State and Zip Code	
		· -	to be used for future annual report notif	ication)
For further in	nformation c	oncerning this matter, please c	all:	
Philip A. W	eylie		727 4908712 at ( )	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a	a check for th	ne following amount:		
□ \$25.00 F	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:

, TO: .. Registration Section
Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

## VETERANS UNITED TITLE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

were filed on	and assigned
oility company here:	
lity Company," the designation "LLC" or	the abbreviation "L.L.C."
	<u> </u>
ffice address on our records, <u>e</u>	nter the name of the ne
Enter Florida street address	- SS 7
. Florid	a C 🏊
City	C Zip Code
	23
ree to act in this capacity. I furthe performance of my duties, and I provided for in Chapter 605, F.S. address. I hereby confirm that th	am familiar with and Or, if this document is
	ffice address on our records, ene:  Enter Florida street address City  Tee to act in this capacity. I further performance of my duties, and I provided for in Chapter 605, F.S.

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 = Mar AMBR = Aut	horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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effective date is listed, the date m	lock does not meet the applicable statutory	or more than 90 days after filing.) Pursuant to 605.0 filing requirements, this date will not be listed
		ve time, at 12:01 a.m. on the earlie
he 90th day after the re	cord is filed.	
eded	2017	
PALA	14/	
	Signature of a member or authorized represent	antina a Carata antina a

Page 3 of 3

Filing Fee: \$25.00