17000085017

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COVER LETTER

	gistration Sec vision of Corp			
SUBJECT:		N TITLE & ESCROW LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of z	Amendment and fee(s) are sub	mitted for filing.	
Please returi	n all correspor	ndence concerning this matter	to the following:	
		NELSON CARMENATES	S	
			Name of Person	 -
		CARMENATES LAW FII	RM	
			Firm/Company	
		1300 NW 84 AVE		
		 .	Address	
		DORAL FL 33126		
			City/State and Zip Code	
		NELSON@CARMENATE	SLAW.COM	•
		E-mail address: (to be used for future annual report notifi	
For further i	nformation co	oncerning this matter, please co	all:	Telephone Number 23
NELSON CARMENATES		S .	786 6367034	25.00
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILI	NG ADDRESS:	STREET/COURIE	CR ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 04/07/2017 and assigned
Florida document number L17000085017	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	in Comment with a designation of LC" or the abbrautation of LC"
The new name must be distinguishable and contain life words. Children Chaoti	try Company, the designation LLC of the aboreviation LLC.
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 of registered agent and/or the new registered office address here Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida Zip@ode
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Char	nging Registered Agent, Signature of New Registered Agent

Page 1 of 3

MGR = R AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LISA STEWART	116 SE 6TH COURT	
		FT. LUDERDALE FL, 33301	■ Remove
			☐ Change
			□ Add
			□ Remove
			Change
		-	□ Remove
			Change
			ALLA PRemove
			0 Na 0
			☐ Remove
			Change
			Add
			□ Remove
			Change

mending any other infori	nation, enter change(s) here: (Attack) additional sheets, if necessar	''.y)
			
			1
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			<u> </u>
		7. 1.	. 23
		L	23.7 000
ective date, if other than t	he date of filing:	(optional)· >> [[
e: If the date inserted in this	must be specific and cannot be prior to date of fi block does not meet the applicable statut		
ument's effective date on the	Department of State's records.	T. O	
record specifies a delay he 90th day after the r	red effective date, but not an effe ecord is filed.		
, 10/17	2017		
ed	—— ———————————————————————————————————		
	Signature of a member or authorized repre	sentative of a member	
	, <u> </u>	semante of a member	
NELSON CARMEN	ATES Typed or printed name of		

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Filing Fee: \$25.00