

L17000085066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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S. WARREN

JUL 07 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Your Title Connection of Kissimmee, 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:

Jessica Nazario
Name of Person

Your Title Connection of Kissimmee, LLC
Firm/Company

404 Broadway
Address

Kissimmee, FL 34741
City/State and Zip Code

jnazario@yourtitleconnection.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Nazario at (407) 733-7625
Name of Person 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**

Your Title Connection of Kissimmee, 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 4/17/17 and assigned
Florida document number L17000085066

This amendment is submitted to amend the following:

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

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

_____, 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 _____

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STATE
OF FLORIDA

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>
MGRM	Stanley J. Galewski	411 Apollo Beach Blvd	<input type="checkbox"/> Add
		Apollo Beach FL	<input checked="" type="checkbox"/> Remove
		33572	<input type="checkbox"/> Change
MGRM	Milton J. Figueroa	12127 Callista Ct.	<input checked="" type="checkbox"/> Add
	Esquire	Orlando, FL	<input type="checkbox"/> Remove
		32825	<input type="checkbox"/> Change
MGRM	Jessica Nizaro	5309 Lake Venice Dr.	<input type="checkbox"/> Add
		W. Mauma, FL	<input type="checkbox"/> Remove
		33598	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

See page # 3
for EXPLANATION

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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

My underwriter Requires that:

Milton J. Figueroa, Esquire is
the highest officer and
Jessica Nazario to be below him

* See Attached Sample *

Please contact me with any
questions or concerns

I thank you very much

E. Effective date, if other than the date of filing: 7/1/17 (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

7/3

2017

Signature of a member or authorized representative of a member

Jessica Nazario
Typed or printed name of signee

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NOTARY PUBLIC, FLORIDA

Detail by Entity Name

Florida Limited Liability Company
YOUR TITLE CONNECTION OF KISSIMMEE, LLC

Filing Information

Document Number L17000085066
FEI/EIN Number NONE
Date Filed 04/17/2017
Effective Date 04/10/2017
State FL
Status ACTIVE

Principal Address

406 BROADWAY
KISSIMMEE, FL 34741

Mailing Address

406 BROADWAY
KISSIMMEE, FL 34741

Registered Agent Name & Address

NAZARIO, JESSICA
5309 LAKE VENICE DRIVE
WIMAUMA, FL 33598

Authorized Person(s) Detail**Name & Address**

Title MGR

NAZARIO, JESSICA
5309 LAKE VENICE DRIVE
WIMAUMA, FL 33598

Title MGRM

GALEWSKI, STANLEY J
411 APOLLO BEACH BLVD.
APOLLO BEACH, FL 33572

Annual Reports

No Annual Reports Filed

Document Images

04/17/2017 -- Florida Limited Liability [View image in PDF format](#)

Sample of
Changes

Please
make sure

Milton J. Figueroa
Esquire
is the highest
Officer

① Milton J. Figueroa, Esquire

② Jessica Nazario