

11/9/2017

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170002960163)))



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To:

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

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (512)418-6949  
Fax Number : (954)208-0845

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

Email Address: \_\_\_\_\_

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2017 NOV 9 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
HARBORVIEW TITLE LLC

Requesting Original  
filing date of 11-9-17.  
Thank you!

|                       |         |
|-----------------------|---------|
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Electronic Filing Menu

Corporate Filing Menu

Help

K SALY

NOV 15 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HarborView Title LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher Walker

\_\_\_\_\_  
Name of Person

Lippes Mathias Wexler Friedman LLP

\_\_\_\_\_  
Firm/Company

822 N A1A, Suite 100

\_\_\_\_\_  
Address

Ponte Vedra Beach, Florida 32082

\_\_\_\_\_  
City/State and Zip Code

cwalker@lippes.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call.

Christopher Walker

904

560-0020

at (

\_\_\_\_\_) \_\_\_\_\_  
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**

HARBORVIEW TITLE LLC

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

**FILED**  
**2017 NOV 9 AM 9:55**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

The Articles of Organization for this Limited Liability Company were filed on 05/16/2017 and assigned Florida document number 117000108726.

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)

360 Ocean Cay Blvd

Saint Augustine, Florida 32080

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

360 Ocean Cay Blvd

Saint Augustine, Florida 32080

**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:

Lippes Mathias Wexler Friedman LLP

New Registered Office Address:

822 N A1A, Suite 100

*Enter Florida street address*

Ponte Vedra Beach

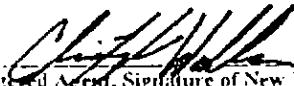
*City*

Florida 32082

*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

| <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    |
| _____        | _____       | _____          | <input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
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 TALLAHASSEE, FLORIDA

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TALLAHASSEE COUNTY

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**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.

Dated Nov 9 2017

Signature of member or authorized representative of a member

Christopher Walker

Typed or printed name of signer

850-617-6381

11/13/2017 9:54:44 AM PAGE 1/001 Fax Server



November 13, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

HARBORVIEW TITLE LLC  
800 WEST MONROE STREET, BRENNAN MAN  
JACKSONVILLE, FL 32202US

SUBJECT: HARBORVIEW TITLE LLC  
REF: L17000108726

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijaux  
Regulatory Specialist

FAX Aud. #: H17000296016  
Letter Number: 517A00022834

2017 NOV 14 AM 11:30

P.O. BOX 6327 - Tallahassee, Florida 32314