## 117000166169

(Re	questor's Name)	
(Ad	dress)	
(Adı	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

	stration Secti sion of Corpo			
	Laureate Title	.LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please return a	all correspond	ence concerning this matter	to the following:	
		Tanya Hayes		
			Name of Person	
		Laureate Title, LLC		erson  pany  Salar Zip Code  Tre annual report notification)  917-9622  Code  Daytime Telephone Number  Ling Fee & □ \$60.00 Filing Fee.  Copy Certificate of Status &
			Firm/Company	
		4601 Neptune Rd, Suite D		
			Address	
		Saint Cloud, FL 34769		
			City/State and Zip Code	
		Tanya@Fl.titlegirl.com	o be used for future annual report	natification)
For further int	formation con	cerning this matter, please ca		notification,
Tanya Hayes			at ( )	
	Name of P	erson	Area Code Da	ytime Telephone Number
Englosed is a	check for the	following amount:		
<b>⊠</b> \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

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

Laureate Title, LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records Liability Company)	<u>i.</u> )	
The Articles of Organization for this Limited Liability Company	were filed on 1.17000166169		_ and assigned
Florida document number 08/03/2017			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		*	N3
Principal office address MUST BE A STREET ADDRESS)		•	
metpu office unavess irrost vis a stress institution		7 ;	
		• •	G =
Enter new mailing address, if applicable:		•	
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	.,	ထ္
maining dadress with DE AT OUT OF THE DOWN		÷	C)
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		, <u>enter th</u>	e name of the
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address	ĭ	
	, Flo	rida	
<del></del>	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

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>	Address	Type of Action
mgr	Gloria Cortes-Torres	4601 Neptune Road, Suite D	<b>⊟</b> Add
		Saint Cloud, FL 34769	□ Remove
			Change
mgr	Fernando Homs	4601 Neptune Road, Suite D	□ Add
		Saint Cloud, FL 34769	
			☐ Change
			Add
			Remove
			☐ Change
			D Add
			Remove
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	09/28/17	/ N	
ective date, if other than the da reffective date is listed, the date must b	e specific and cannot be prior to date of filing or mo	(optional) ore than 90 days after filing.) Pur	suant to 605.020
te: If the date inserted in this block nument's effective date on the Department.	k does not meet the applicable statutory filing arment of State's records	requirements, this date will	not be listed a
milen s effective thate on the treps	arthetic of State are condition		
record specifies a delayed e	effective date, but not an effective ti	me at 12:01 a.m. on t	he earlier c
he 90th day after the recor	d is filed.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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ed	gnature of a member or authorized representative of	of a member	

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Filing Fee: \$25.00