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## **COVER LETTER**

TO:

	Registration Se Division of Cor			
e (		E TITLE LLC		
SUBJEC	ïT:	Name of Lim	ited Liability Company	
The enclo	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		TANYA HAYES		
			Name of Person	
		LAUREATE TITLE		
		<del>-</del>	Firm/Company	
		111 E. MONUMENT AVE	E SUITE 308	
		<del></del>	Address	<del></del>
		KISSSIMMEE, FL 34741		
		INFO@LAUREATETITLE	City/State and Zip Code LCOM	
		E-mail address: (	to be used for future annual report notif	ication)
For furth	er information co	oncerning this matter, please ea	ail:	
TANYA HAYES			407 988-1481	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
<b>■</b> \$25.0	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)
(	/ Registra Divisio P.O. Bo	ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 321	n ations ater Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18 NOV -7 AH 7:30

LAUREATE TITLE LLC

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

Name of New Registered Agent:  New Registered Office Address:	111 E. Monument Ave, Suite 30	)8 Horida street address , <b>Florida</b> 34741
<u>Name of New Registered Agent:</u>	111 E. Monument Ave, Suite 30	
registered agent and/or the new registered of	onice address nere:	
• • • • • • • • • • • • • • • • • • • •	office address nere:	
B. If amending the registered agent and	***	on our records, enter the name of the ne
	<del></del> -	
(Mailing address MAY BE A POST OFFICE	<u></u>	
Enter new mailing address, if applicable:		
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new principal offices address, if appli	cable:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :
This amendment is submitted to amend the fol	lowing:	
	·	
Florida document number L17000166169		

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	TANYA HAYES	111 E. MONUMENT AVE SUITE 308	
		KISSIMMEE, FL 34741	·
			Remove
			<b>■</b> Change
MGR	SHALONDA ISOM	111 E. MONUMENT AVE SUITE 308	
		KISSIMMEE, FL 34741	
			☐ Remove
			□ Remove
			Change
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fective date, if	other than the da		10/23/2018			(optio	nal)	
n effective date is l	isted, the date must be serted in this block	e specific and ca	innot be prior t	o date of filing	or more than t	00 days after f	iling.) Pursuan	
	e date on the Depa			oic statutory	ming require	menes, uns	date will not	oc fisica as
	ies a delayed e		e, but not	an effecti	ve time, a	t 12:01 a	m. on the	earlier o
The 90th day	after the record	is filed.						
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Typed or printed name of signee

Filing Fee: \$25.00