117000195482

(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



400306995534

12/27/17--01020--007 **25.00

WEGGE WASSELD BY THE

OLMSTEAD, HARRELL & GARNER, LLC

ATTORNEYS AT LAW 234 Office Park Drive Gulf Shores, Alabama 36542 Facsimile: 877-782-3930

Craig D. Olmstead, Esq. Email: craig@ohglaw.com
Phone: 251-943-4000

C. Andrew Harrell, Jr., Esq. Email: andrew@ohglaw.com Phone: 251-968-1555 Timothy D. Garner, Esq. Email: tim@ohglaw.com
Phone: 251-943-4000

December 19, 2017

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

Re: INTITLE, LLC, a Florida limited liability company

Dear Sir/Madam:

Please find enclosed the following documents for filing:

- 1. Cover Letter; and
- 2. Articles of Amendment to Articles of Organization of INTITLE, LLC.

Also enclosed is this firm's check payable to the Florida Department of State in the amount of \$25.00 for the filing fee.

If you have any questions or comments, please feel free to call me any time. Thank you for your assistance.

Very truly yours,

Craig D. Olmstead, Esq.

CDO: rk

Enclosures

COVER LETTER

	sion of Corp INTITLE, L			
SUBJECT: _			ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return a	all correspon	dence concerning this matter	to the following:	
		CRAIG D. OLMSTEAD,	ESQ.	
			Name of Person	
		OLMSTEAD, HARRELL	& GARNER, LLC	
			Firm/Company	
		234 OFFICE PARK DRIV	'E	
			Address	
		GULF SHORES, AL 3654	12	
			City/State and Zip Code	
		judy@intitlefl.com		
		E-mail address: (to be used for future annual report notifi	ication)
For further inf	formation co	ncerning this matter, please ca	all:	
Craig D. Olm	istead, Esq.		251 943-4000	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fil	ling 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

INTITLE, 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 SEP TEMBER 20, 2017 and assigned Florida document number <u>L17000195482</u> 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 "LLC." 12385 SORRENTO ROAD, SUITE A-4 Enter new principal offices address, if applicable: PENSACOLA, FL 32507 (Principal office address MUST BE A STREET ADDRESS) 12385 SORRENTO ROAD, SUITE A-4 Enter new mailing address, if applicable: PENSACOLA, FL 32507 (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: 12385 SORRENTO ROAD, SUITE A-4 New Registered Office Address: Enter Florida street address Florida 32507 PENSACOLA 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 amendir	ng Authorized Person(s) authorized to a defined our records:	manage, <u>enter the title, name, and</u>	d address of each person being added
MGR = A AMBR = A	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
 			
			Remove
		 	
			Add 7
			Change Change Remove
			□ Change
			
			□ Remove
			Change
			□ Add
			Remove
			□ Chanus

	· · · · · · · · · · · · · · · · · · ·
	<u> </u>
	7 BBC
	30 27 SSS 27
	₩ ¥ ¥
effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of feath the date inserted in this block does not meet the applicable status ment's effective date on the Department of State's records.	filing or more than 90 days after filing.) Pursuant to 605 tory filing requirements, this date will not be listed
ecord specifies a delayed effective date, but not an effe se 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlie
d DECEMBER 19	
/	

Page 3 of 3

Filing Fee: \$25.00