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Certified Copies	Certificates	of Status
Special Instructions to		





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SEP 15 2020 SEP 15 2020 S. YOUNG SEE FLORIES

## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Div	ision of Co	rporations		
SUBJECT:	Waterford	Title & Escrow LLC		
Sebucer.	,	Name of Lin	nited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are su	honittad for filing	
			<del>-</del>	
Please return	all correspo	ondence concerning this matter	r to the following:	
		Christopher Johnson		
			Name of Person	
			Firm/Company	
		335 NE 59 Terrace		
			Address	-
		Miami, FL 33137		
			City/State and Zip Code	·-·
		accounting@boweryproper		
For forther in	<b>6</b>		to be used for future annual report no	tification)
roi iuitaet in	iormation ¢	oncerning this matter, please c	all:	
Julie Ghazi			786 2460463 at ( )	
	Name o	f Person		ne Telephone Number
Enclosed is a	check for th	ne 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ing Address istration S		Street Address:	
_		orporations	Registration Se Division of Co	
	Box 632		The Centre of	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Waterford Title & Escrow LLC

(A Torica Emilied Emaility	now appears on our records.) Company)
	Company)
The Articles of Organization for this Limited Liability Company were to	iled on 03/26/3018 and assigned
Florida document number L18000077723	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Con	pany," 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 addres agent and/or the new registered office address here:	s on our records, enter the name of the new registered
Name of New Registered Agent:	
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address
New Registered Office Address:	

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	Gil Koretzky	335 NE 59 Terrace	□Add
		Miami FL 33137	■Remove
			□Change
MGR	Christopher Johnson	335 NE 59 Terrace	<b>≣</b> Add
		Miami FL 33137	□Remove
			□ Change
			□Add
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(If an effecti Note: If t	date, if other than the date ve date is listed, the date must be so the date inserted in this block date on the Depart	pecific and cannot be price loes not meet the apple	or to date of filing or more icable statutory filing t	(optional) than 90 days after filing.) requirements, this date v	Pursuant to 605.0207 (3) vill not be listed as the
the record sport is filed.	pecifies a delayed effective date	e, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The	90th day after the
Dated Jul	y 17	2020			
		"TW			
	Signa	iture of a member for aut	horized representative of	a member	
		11 1/1			

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