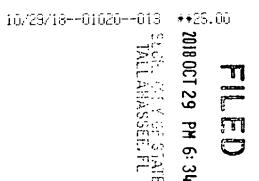
## 118000096985

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
·
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900320127359



414 − 8

3. PRATHER

## **COVER LETTER**

то:	Registration So Division of Cor			
CUDIE		PREMIER TITLE SER	VICES LLC	
SUBJEC	<u> </u>	Name of Lin	nited Liability Company	<u> </u>
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Elan Baret		
		Premier Title Services LLC	Name of Person	
		3999 Sheridan Street, 2nd	Firm/Company Floor	
		Hollywood, FL 33021	Address	
		Elan@baretlawgroup.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notil	fication)
For furth	er information c	oncerning this matter, please c	all;	
Elan Ba			954 983-0144 at ()	
	Name o	f Person	Area Code Daytimo	e Telephone Number
Enclosed	l is a check for th	ne following amount:		
\$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)

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

Premier Title Services LLC				
(Name of the Limit	ted Liability Compa (A Florida Limited)	iny as it now appears on our record		
The Articles of Organization for this Limited L Florida document number L18000096985  This amendment is submitted to amend the following the content of the	iability Company		Property of the Section of the Secti	
A. If amending name, enter the new name o	f the limited liab	ility company here:		
The new name must be distinguishable and contain the w	vords "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		3999 Sheridan Street		
(Principal office address MUST BE A STREE		Suite 200		
		Hollywood. FL 33021		
Enter new mailing address, if applicable:		3999 Sheridan Street		
(Mailing address MAY BE A POST OFFICE BOX)		Suite 200 Hollywood, FL 33021		
		Hollywood, FL 33021		
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:	or registered of fice address here	ffice address on our records <u>e</u> :	s, enter the name of the new	
<del>-</del>	2000 Charidan	Sharet Cuite 200		
New Registered Office Address:	2999 Sheridar	Street, Suite 200  Enter Florida street addres.	<u> </u>	
	Hollywood		orida <sup>FL</sup>	
		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>	<u>Address</u>	Type of Action
_	<u>,,</u>		
			□ Remove
			Change
			□ Remove
			Change
			□ Remove
		\	Change
			□ Remove
			Change
<del></del>			
			□ Remove
			Change
			□ Add
		<del></del>	☐ Remove
			☐ Change

Add EIN : 61-1885604				
			<u>_</u>	
	<del></del>			
		•		
		<del></del>		
····				
		<del></del>		
				<u>-</u>
tive date if other than the	date of filing:		Continu	
tive date, if other than the fective date is listed, the date must	be specific and cannot be	prior to date of filing or	more than 90 days after ti	ling.) Pursuant to 605.
If the date inserted in this blo nent's effective date on the De			ng requirements, this c	iate with not be liste
cord specifies a delayed	effective date, bu	it not an effective	time, at 12:01 a.	m. on the earlie
90th day after the reco	na is illea.			
October 26	2018			<b>201</b>
		<u> </u>		2018 OCT 29  SEGNE AND TALLAMA
		FAL .		31 2  ≧
	Signature of a member of	multorized representative	e of a member	ص کے کر

Page 3 of 3

Filing Fee: \$25.00