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COVER LETTER

	Registration Se Division of Cor				
SURIFC	TITULAW	.COM, LLC			
SUBJEC	· · ·	Name of Lin	nited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please ret	turn all correspo	ondence concerning this matter	to the following:		
		ALEXANDER G. CUBAS	S		
			Name of Person		
		ALEXANDER G. CUBAS	S. P.A.		
	Name of Person ALEXANDER G. CUBAS, P.A. Firm/Company 9580 SW 107 AVENUE, SUITE 202 Address MIAMI, FL 33176 City/State and Zip Code ACUBAS@CUBASLAW.COM				. –
		9580 SW 107 AVENUE, 9	SUITE 202		>
			Address		
		MIAMI, FL 33176			-,
		_	COM		
		E-mail address: (to be used for future annual report notifi	cation)	
For furthe	er information c	oncerning this matter, please c	all:		
ALEXAN	NDER G. CUB/	AS	305 595-6337 at ()		
	Name o	f Person		Telephone Number	
Enclosed	is a check for th	ne following amount:			
\$25.0	0 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 State Certified Copy (additional copy is enc	
	MAIL	ING ADDRESS:	STREET/COURIE	TR ANDRESS	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TITULAW.COM, LLC		
(Name of the Limited Lia) (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability		and assigned
Florida document number L18000111988		
This amendment is submitted to amend the following	:	
A. If amending name, <u>enter the new name of the l</u>	imited liability company here:	
The new name must be distinguishable and contain the words "I	limited Liability Company," the designation "LLC" of	or the abbreviation,"L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STREET AD	DRESS)	
	· ·	
Enter new mailing address, if applicable:		· · ·
Muiling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ac		enter the name of the
egistered agent and/or the new registered office at	daress nere:	
Name of New Registered Agent:		
New Registered Office Address:		_
	Enter Florida street address	
_	, Flori	daZin Code
	City	Zin 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>	Name	Address	Type of Action
AMBR	NORMA C. EZQUERRA	9580 SW 107 AVENUE	
		SUITE 202	_
		MIANU EL 22174	☐ Remove
		MIAMI, FL 33176	□ Change
	ALEXANDER G. CUBAS	9580 SW 107 AVENUE	☐ Change
AMBR			■ Adđ
		SUITE 202	
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. Effective date, if other than	the date of fili	05/15/201		4	antional)	
(If an effective date is listed, the dat	e must be specific a	ind cannot be pric	or to date of filing o	or more than 90 days	after filing.) Pursuant t	to 605.020
Note: If the date inserted in the document's effective date on t	us block does not he Department of	t meet the appli f State's record	cable statutory f s.	iling requirements	i, this date will not be	e listed a
the record specifies a dela b) The 90th day after the	ayed effective record is filed	e date, but n d.	ot an effectiv	e time, at 12:	01 a.m. on the e	arlier o
Dated MAY 15		2019				

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Typed or printed name of signee

Filing Fee: \$25.00