

L18000250869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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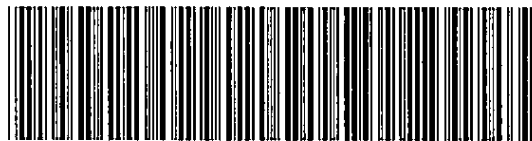
(Business Entity Name)

(Document Number)

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DIVISION OF STATE  
19 MAY -2 PM 12:50

*Amund*

MAY 15 2019

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LEGENDARY TITLE & ESCROW, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mabel Mullan  
Name of Person

Legendary Title & Escrow, LLC  
Firm/Company

14010 Appalachian trail (old address see pg. 2 of 3  
Address for new address)

Dave, FL 33325  
City/State and Zip Code

the title maven @ gmail. com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mabel Mullan at ( 954 ) 815-0588  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 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

1997-2 PM 12:50  
LEGISLATIVE  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Legendary Title Escrow, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
19 MAY -2 PM 12:50  
CLERK OF CIRCUIT COURT  
JANICE L. HARRIS

The Articles of Organization for this Limited Liability Company were filed on 10/25/2018 and assigned Florida document number L18000250869.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

n/a

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1555 Bonaventure Blvd suite 1009  
Weston, FL 33326

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1555 Bonaventure Blvd suite 1009  
Weston, FL 33326

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:

n/a - Mabel Hullan is still the registered agent

New Registered Office Address:

1555 Bonaventure Blvd suite 1009

Enter Florida street address

Weston

City

Florida

33326

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.

n/a - no change in registered agent  
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>	<u>Type of Action</u>
<u>MGR</u>	<u>Mullan, Matthew R</u>	<u>14010 Appalachian trail</u>	<input type="checkbox"/> Add
		<u>Davie, FL 33325</u>	<input checked="" type="checkbox"/> Remove
		<u>1555</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Mullan, Mabel</u>	<u><del>1555</del> Bonaventure Blvd.,</u>	<input checked="" type="checkbox"/> Add
		<u>suite 1009</u>	<input type="checkbox"/> Remove
		<u>Werton, FL 33326</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The following are the changes:

- Remove Mullan, Matthew R as MGR.
- Add Mabel Mullan as MGR.
- change of address:

From: 14010 Appalachian Trail  
Danie, FL 33325

TO: 1555 Bonaventure Blvd  
Suite 1009  
Weston, FL ~~33325~~ 33324


E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated April 30<sup>th</sup> 2019.



Signature of a member or authorized representative of a member

Mabel Mullan

Typed or printed name of signee