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(Danisated Niems)
(Requestor's Name)
(Address)

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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Ducine de Filipe Novembre)
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

TO: Registration So Division of Cor			
	VENTURES, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	AMANDA V. DEAN		
		Name of Person	
	DEAN LAW GROUP, PL	LC	
	III NATURE WALK PA	RKWAY, SUITE 107	
		Address	
	ST. AUGUSTINE, FL 320	92	
	,	City/State and Zip Code	
	AMANDA@DEANLAW-C		·
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	ilication)
AMANDA DEAN		904 814-8515 at ()	
Name of Person		Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration	<u>ss:</u> Section	Street Address: Registration Se	ection
Division of 0	Corporations	Division of Co	rporations
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monro	Fallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRIMT	TAB VENTURES, LLC
(<u>Name of the Limited Liability</u> (A Florida L	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number L19000031714	ompany were filed on January 30, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
TRIMTAB TITLE SUPPORT, LLC	
The new name must be distinguishable and contain the words "Limite	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRE	ESS)
	The state of the s
Enter new mailing address, if applicable:	N/A 51.
(Mailing address MAY BE A POST OFFICE BOX)	220
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registers
Name of New Registered Agent: N/A	
New Registered Office Address:	·
	Enter Florida street address

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.

City

or removed	g Authorized Person(s) authorized to n from our records:	ger since the thing hange, and a	was easy of cases persons being auc
MGR = N $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ceffective d <u>te:</u> If the c	ate is listed, the da date inserted in t ffective date on	ate must be spec this block does	ific and cannot s not meet the	he applicabl			days after fili	ng.) Pursuant to	
cord speci s filed.	ifies a delayed el	ffective date, b	out not an ef	Tective time	, at 12:01 a.t	n. on the earl	ier of: (b)	The 90th day a	fter the
Ma	rch 2, 2020								
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Filing Fee: \$25.00