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COVER LETTER

TO: Registration S Division of Co					
	V TITLE & ESCROW OF ORL	AND, LLC			
SUBJECT:	Name of Lin	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	ALEXANDER G. CUBAS				
		Name of Person			
	ALEXANDER G. CUBAS	S, PA.			
		Firm/Company			
	3105 NW 107 AVENUE S	STE 602-A			
		Address			
	DORAL FL 33172				
	·	City/State and Zip Code			
	ACUBAS@CUBASLAW.	COM to be used for future annual report not	tication)		
For further information	concerning this matter, please c	·	meanon)		
ALEXANDER G. CUBAS		305 595-6337 at ()			
Name of Person		Area Code Daytin	ne 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 Addre		Street Address:	vetion		
Registration Section Division of Corporations			Registration Section Division of Corporations		
P.O. Box 63	27	The Centre of	The Centre of Tallahassee		
Tallahassee,	FL 32314	2415 N. Monre	e Street, Suite 810		

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

短1 SEP 15 PH 3: 24

TITULAW TITLE & ESCROW OF ORLAND, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited	Liability Company	were filed on $\frac{04/0}{}$	1/2019 and assigned
Florida document number 1.19000089971			
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	oility company her	<u>e</u> :
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the des	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	3105 NW 107 AV	ZENUE ZENUE
(Principal office address MUST BE A STRE		SUITE 602-A	
		DORAL FL 3317	2
Enter new mailing address, if applicable:		3105 NW 107 AVEUE	
(Mailing address MAY BE A POST OFFICE BOX)		SUITE 602-A	
		DORAL FL 3317	2
B. If amending the registered agent and/or agent and/or the new registered office addr Name of New Registered Agent:	ess here:	address on our rec G. CUBAS P.A.	ords, enter the name of the new regist
	3105 NW 107 A	AVENUE SUITE 60	2-A
New Registered Office Address:		Enter Florid	a street address
	DORAL		. Florida 33172

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 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 鼻1 St. 15 PH 3: 24 Address <u>Title</u> Name Type of Action □Add ______Remove ☐ Change _____ □Remove ______ □Remove □ Change □Add _____ □Remove _____ □Change □Remove □Change ______Remove ___ □Change

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	08-01-2021
ffective date, if other than the da	ite of filing: (optional)
	e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (c does not meet the applicable statutory filing requirements, this date will not be listed as t
ocument's effective date on the Depa	
record specifies a delayed effective d: Lis filed.	ate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
1 15 11160.	
AUGUST I	2021
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ated AUGUST 1	gnature of a member or authorized representative of a member

Filing Fee: \$25.00