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(R	equestor's Name)	
(A	ddress)	
A)	ddress)	
(C	ity/State/Zip/Phone #)	<u> </u>
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(C	ocument Number)	
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Special Instructions to	Filing Officer:	
	Office Use Only	



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S. YOUNG

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: <u>COAS</u>	+ +0 Cass	+ THe & Escrited Liability Company	ow Agency. L
The enclosed Articles of Ame	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
-	Jhon A	Name of Person	
<u>(</u>	last to Cas	it Title & Escreu	Agency LLC.
-	1449. W.	3USH BWD.	
<u>.</u>		FL 33612 City/State and Zip Code The @ amail. Cor to be used for future annual report notice	
For further information conce		·	ication)
Thon A. Name of Per	TOVES:	at (<u>&13</u>) <u>300 -</u> Area Code Daytime	0225 . e Telephone Number
Enclosed is a check for the fe	Howing amount:		
☐ \$25.00 Filing Fee ☐	2 \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL 1	orations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coast to Coast Title & Escrow Agency LLC

(<u>Name of the Limited</u> (A	Liability Compai Florida Limited L	ny as it now appears on our liability Company)	r tecords.)	-
The Articles of Organization for this Limited Liab Florida document number <u>L19000 151</u> This amendment is submitted to amend the follow	243	were filed on <u>JOA</u>	07/2014	and assigned
A. If amending name, enter the new name of t Coast Blue Title and Esc The new name must be distinguishable and contain the work	he limited liabi	<u> </u>	on "L.L.C" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable of the application of the address MUST BE A STREET		918 Lithia Brandor	Pinecrest	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>2.v)</u>	918 Lithia Brandon	Pinecrest FL: 33.	Rd 511
B. If amending the registered agent and/or reg agent and/or the new registered office address		ddress on our records,	enter the name o	f the new registered
Name of New Registered Agent: New Registered Office Address:		on A Toires thia Pine crest Enter Florida stree	P2d.	
	Bran	ndon . City	, Florida <u>3</u>	3511 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>P</u>	Allen, Kathryn	1449 W BUSH BWD	□Add
	1	Tauper, FL. 33612	□Remove
	,		Destiange
MGR	Allen, Kathnyn	918 Lithia Pinecrest Rd. Brandon, Fl. 33511.	BAdd
	1	Brandon, Fl. 33511.	□Remove
			Change
	Thon A Pomes	1449 W. Bush Blud.	DAdd
		Tampa, FL . 33612	©Remove
			te Change
MGR	Jhon A Tomes	918 Lithia Pinecrest R	ZLAGO
		Brandon, FL . 33511	□Remove
			□Change
MOR	Manuela Zulvaga	1449 W. BUSH BWD	· □Add
		Taupa, FL. 33612	. Remove
			&Change
MGR	Manuela Zuliaga	918 lithia Pinecrest Rd Brundon, FL 33511	<u>·</u> [L
		Brundon, FL 33511	· □Remove
			□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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBIZ	Name Mariel fanza	918. Lithia Pineciest Rel. Brandon, FC 33511	ZAdd
	9	Brandon, FL 33511	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

Page 2 of 3

). If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an c <u>Note</u>	etive date, if other than the date of filing: 12/05/2019. (optional) 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Date	d Dec 105th- 2019.
	M
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00