

49000265071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

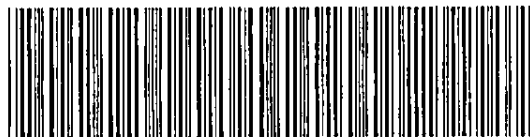
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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MAY 06 2020

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 05/05/2020

- ☐ **CERTIFIED COPY** _____
- xx** **PHOTOCOPY** _____
- ☐ **CUS** _____
- xx** **FILING** AMENDMENT _____

1. **LOAN CLOSING EXPERTS LLC**
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:** _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOAN CLOSING EXPERTS 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:

MICHAEL J. BARKER

Name of Person

TITLE VENTURE MANAGEMENT LLC

Firm/Company

4365 VENETIA BLVD

Address

JACKSONVILLE, FL 32210

City/State and Zip Code

MBARKER@LCETITLE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIKE BARKER

904

226-3660

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

2020 MAY -5 AM 7:33

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	FIRST FEDERAL BANK	4705 W. US HWY: 90	<input checked="" type="checkbox"/> Add
		LAKE CITY, FL 32055	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	BBW TITLE HOLDINGS LLC	4365 VENETIA BLVD	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32210	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2020 MAY 5 AM 7:33

100 100

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 MAY 5 2020

M. J. Barker

Signature of a member or authorized representative of a member

MICHAEL J. BARKER

Typed or printed name of signee

Filing Fee: \$25.00