

L200000 69161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

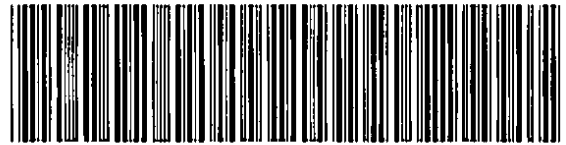
(Business Entity Name)

(Document Number)

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2020 MAR 20 PM 1:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 01 2020  
M. SOLOMON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Premier Title Partners of Florida 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:

Christine Canady

Name of Person

Premier Title Partners of Florida

Firm/Company

821A Beachland Blvd

Address

Vero Beach, FL 32963

City/State and Zip Code

ChrissyCanady@tctavb.com

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

For further information concerning this matter, please call:

Christine Canady

Name of Person

at (772) 299-5023

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

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

Premier Title Partners of Florida, 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 03/02/2020 and assigned Florida document number L2000069161.

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)

Same

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

Same

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**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:

Same

New Registered Office Address:

Enter Florida street address

Florida

City

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

**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>
MGR	DAVID E. WIERZBICKI	3200 Eagle Drive, #2	<input type="checkbox"/> Add
		VERO BEACH, FL 33963	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHRISTINE F. CANADY	821A Beachland Blvd.	<input type="checkbox"/> Add
		VERO BEACH, FL 33963	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NUMBER SEVEN MANAGEMENT, LLC	821A Beachland Blvd.	<input checked="" type="checkbox"/> Add
		VERO BEACH, FL 33963	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
/	/	/	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
/	/	/	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
/	/	/	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2020 MAR 20 PM 1:29

STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
TAX SERVICES DIVISION

SECRETARY OF STATE  
CLASSIFICATION

2020 MAR 20 PM 1:29  
SECRETARY OF STATE  
CLASSIFICATION

100

(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)

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 MARCH

Signature of a member or authorized representative of a member

CHRISTINE F. CANADY

Typed or printed name of signee

**Filing Fee: \$25.00**