

L20000102461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

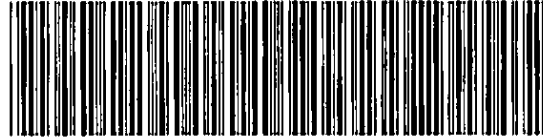
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/24/20--01013--004 **25.00

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2020 SEP 24 AM 11:29

CLERK OF STATE
TALLAHASSEE, FL

90 10/30/20

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Select Title Agency, 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:

Britan McIlvee
Name of Person

Select Title Agency
Firm/Company

394 S. Atlantic Ave
Address

Ormond Beach, FL 32176
City/State and Zip Code

britan@mytitleagent.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Britan McIlvee 386 446-8840
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 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	PAMELA CAPELA	5070 N. OCEANSHORE BLVD.	<input checked="" type="checkbox"/> Add
		PALM COAST, FL 32137	<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
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200 SEP 24 AM 11:28
 SECRETARY OF STATE
 TALLAHASSEE, FL
 FILED

2020 SEP 24 AM 11:29
CLERK OF DISTRICT COURT
TALLAHASSEE, FL

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2020 SEP 24 AM 11:29
CLERK OF DISTRICT COURT
TALLAHASSEE, FL

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 September 11, 2020


Signature of a member or authorized representative of a member

Britan McIlvee, Manager

Typed or printed name of signee

Filing Fee: \$25.00