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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

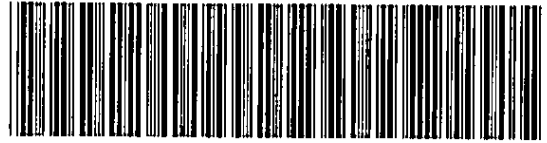
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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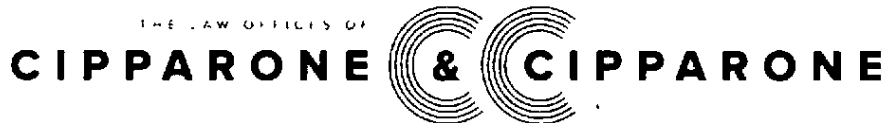


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July 20, 2021

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Liberty Title Partners of the Treasure Coast, LLC - Amendment

To Whom It May Concern:

My firm represents Liberty Title Partners of the Treasure Coast, LLC ("the Company"). Enclosed, please find the Division of Corporation's Form Cover Letter, Articles of Amendment to Articles of Organization, and our check in the amount of Twenty Five and No/100 Dollars (\$25.00) for filing fees. As you can see, the Company is adding Jonathan Casteleyn as the Registered Agent and Manager and removing James M. Clary, III as a Manager.

Should you have any questions or concerns regarding this matter, please do not hesitate to contact me.

Sincerely,

Ryan Cipparone

RC/jmb
Enclosures
cc: Client (via Email)

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Liberty Title Partners of the Treasure Coast, 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:

Ryan Cipparone, Esquire

Name of Person

Cipparone & Cipparone

Firm/Company

1525 International Parkway, Suite 1071

Address

Lake Mary, FL 32771

City/State and Zip Code

rcipparone@cipparonecpa.com

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

For further information concerning this matter, please call:

Ryan Cipparone, Esquire

321 275-5914

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

FILED
JUN 10 2003
FBI
TALLAHASSEE, FL

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

Liberty Title Partners of the Treasure Coast, 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 January 4, 2021 and assigned
Florida document number L21000013623.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Jonathan Casteleyn

New Registered Office Address:

8555 Commerce Centre Drive

Enter Florida street address

Port St. Lucie

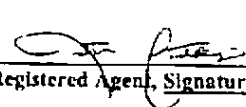
City

Florida 34986

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 July 19, 2021

Signature of a member or authorized representative of a member

Jonathan Castelvyn

Typed or printed name of signee

Filing Fee: \$25.00