KZZ 000072465

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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A. BUTLER MAR 2 4 2022 TO: Registration Section Division of Corporations

Title Solution SUBJECT: ility Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kelly L. Burcham Name of Person Land Title Solutions 2201 Wilton Drive Suite 11 Fort Louderdale FL City/State and Zip Code 33304 Kellymburchameanal continuent and a

For further information concerning this matter, please call:

at (<u>541</u>) <u>445-7763</u> 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

. ARTICLES OF	FAMENDMENT	
	ГО	
	ORGANIZATION	
· · · · · · · · · · · · · · · · · · ·	OF .	FILED
<u>(Name of the Limited Liability Comp</u> (A Florida Limited	<u>Hans</u> pany as it now appears on our I Liability Company)	2022 MAR 16 PM 4: 20 -ECRETANC OF STATE TALLAHADSEE, FL 4/22 and assigned
The Articles of Organization for this Limited Liability Compan Florida document number $\underline{L22000072465}$	y were filed on $2/1$	4122 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	<u>bility company here</u> :	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation	n "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 agent and/or the new registered office address here:	e address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	t address
		_, Florida
	Cin	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 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	<u>Type of Action</u>
MGR	Kelly L. Burcham	1033 NE17 ^H Way # 802 Fort Landerdak, FL 33304	Andd
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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 tiling or more than 90 days after tiling.) Pursuant to 605.0207 (3)(b)

(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) <u>Note:</u> 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	March 9 2022
	Kilu As
	Signature of a member or authorized representative of a member
	Kelly Burcham Registered Agent
	Typelf or printest name of signee /

AEGEIVED



2022 MAR 16 AM 7:36

SECRETALIAY OF STATE TALLAHASSEE, FL

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 4, 2022

KELLY L. BURCHAM 2201 WILTON DRIVE SUITE 11 FORT LAUDERDALE, FL 33305

SUBJECT: LAND TITLE SOLUTIONS LLC Ref. Number: L22000072465

We have received your document for LAND TITLE SOLUTIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 822A00005290