123000257515

(Requestor's Name)
(Address)
(Address)
(www.co.)
(0) (0) - 7: (0)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(
Contillant Conins
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





600409032176

05/39/23--01012--020 **25.00

2023 HAY 30 AM W 17
SECRETARY OF STATE
SECRETARY OF STATE



COVER LETTER

ТО:	Registration Sect Division of Corpo	ion grations	a •	•	.,
SUBJE	ест: <u>РС</u> С	7 Title Ingl Name of Limi	TYANCE Rated Liability Company	jency Li	LC_
The en	closed Articles of A	mendment and fee(s) are subi	mitted for filing.		
Please	return all correspond	dence concerning this matter t	o the following:		
			Name of Person		
		PCG Title J	Firm Company	laency	LLC
		1580 SAWG	Address		
		Sunnise F	L 33323		
		Sunnise F Evelyn@	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	eport notification)	
For fur	ther information cor	ncerning this matter, please ca	II:		
E1	Jelyn A. A. Name of I	opez Person	at (<u>454</u>) <u>(</u> Area Code	04.855 Daytime Telepho	2 one Number
Enclos	ed is a check for the	following amount:			
X \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc!		\$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

PCG Title Insurance - gency LLC (Name of the Limited Liability Company as it now appears on our records.)	
(<u>Name of the Limited Liability Company as if now appears on our records.</u>) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on $5/25/2023$ and assi Florida document number 423000257515 .	igned

This amendment is submitted to amend the following:

A. If amending name, enter the new name of th	e limited liability company here	:: TALE	2023
The new name must be distinguishable and contain the word	s "Limited Liability Company," the desi		
Enter new principal offices address, if applicable	le:	SS	30
(Principal office address MUST BE A STREET A	4DDRESS)	m _G	- E T
		CORIDA CORIDA	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered office address h		ords, <u>enter the name of t</u>	he new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Floride	i street address	
_	<u>.</u>	, Florida	
	Cuy	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

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	Type of Action
Resident -	Evelyn A. Lopez	1580 Snwgmass Conporate the #130 SUNNISCE FL 33323	(e.j. XAdd
VI CIT		SUNNISCE FL 33323	□Remove
			□Change
***************************************			□Add
			□Remove
			□ Change
			□Add
		<u> </u>	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
		·	□Remove
			ma.

						• 10	
-							
						·· -	
						- Ac	-22-
						ECA LLA	2023 HA
			•			HASS	≺ .
					<u></u>	SE E	36_
				·	_ .		<u>**</u>
						JORIDA A	<u> </u>
						Þ	7
							
						<u> </u>	
						<u> </u>	
	late, if other than t	must be specific an s block does not	nd cannot be prior meet the applic	to date of filing or r able statutory filin	nore than 90 days aft	tional) er filing.) Pursuant nis date will not	t to 605.020 be listed a
an effective ote: If the	e date is listed, the date is e date inserted in this seffective date on the	: Department of	Same S records	•			
an effective ote: If the ocument's record spe	e date is listed, the date i e date inserted in this	ŕ			on the earlier of: ((b) The 90th da	ny after the
an effective fote: If the ocument's record spetis filed.	e date is listed, the date to e date inserted in this effective date on the	ctive date, but no			on the earlier of: ((b) The 90th da	ny after the
an effective fote: If the ocument's record spet is filed.	e date is listed, the date is e date inserted in this seffective date on the ecifies a delayed effective.	ctive date, but no			on the earlier of: ((b) The 90th da	ny after the
an effective fote: If the ocument's	e date is listed, the date is e date inserted in this seffective date on the ecifies a delayed effective.	ctive date, but no	ot an effective ti			(b) The 90th da	ny after the