

142200001394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

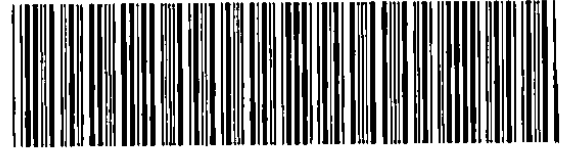
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



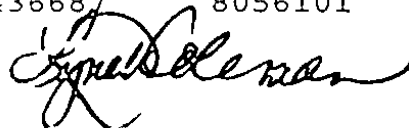
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RECEIVED
2023 FEB -7 AM 10:12
SEALING DIVISION
TALLAHASSEE, FL

RECEIVED
2023 FEB -7 AM 11:13
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2/8/2023

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 436687 8056101
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : February 6, 2023
ORDER TIME : 8:29 AM
ORDER NO. : 436687-005
CUSTOMER NO: 8056101

FOREIGN FILINGS

NAME: LS TITLE LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

FILED

SECTION I (1-4 must be completed)

2023 FEB -7 AM 10

1. Name of limited liability Company as it appears on the records of the Florida Department of State: LS TITLE LLC (cross reference name: LANDSEA TITLE LLC)

State: LS TITLE LLC (cross reference name: LANDSEA TITLE LLC)

Enter new principal office address, if applicable: 1717 McKinney, Suite 1000, Dallas, TX 75202

(Principal office address

MUST BE A STREET ADDRESS)

1717 McKinney, Suite 1000

Dallas, TX 75202

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

1717 McKinney, Suite 1000

Dallas, TX 75202

2. The Florida document number of this limited liability company is: M22000013949

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 09/02/2022

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: _____

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.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|------------------------|------------------|-----------------------------------|--|
| AP | Franco Tenerelli | 660 Newport Center Dr., Suite 300 | <input type="checkbox"/> Add |
| | | Newport Beach, CA 92660 | <input checked="" type="checkbox"/> Remove |
| AP | John Ho | 660 Newport Center Dr., Suite 300 | <input type="checkbox"/> Add |
| | | Newport Beach, CA 92660 | <input checked="" type="checkbox"/> Remove |
| AP | Michael Forsum | 660 Newport Center Dr., Suite 300 | <input type="checkbox"/> Add |
| | | Newport Beach, CA 92660 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Franco Tenerelli

Typed or printed name of signee

Filing Fee: \$25.00