

M22 000013949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

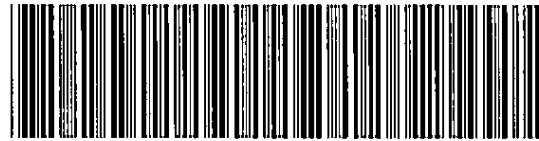
(Document Number)

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2024 JAN 25 AM 10:29  
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OFFICE OF STATE  
SECRETARY, FLORIDA

2024 JAN 25 AM 11:57  
RECEIVED  
TALLAHASSEE, FLORIDA

R. HUNT  
01/25/24

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

ACCOUNT NO. : I20000000195

REFERENCE : 285184 8056101

AUTHORIZATION :

COST LIMIT : \$ 25.00



ORDER DATE : January 24, 2024

ORDER TIME : 9:13 AM

ORDER NO. : 285184-005

CUSTOMER NO: 8056101

2024.01.25 AM 10:29  
STATE  
TALLAHASSEE, FL  
FILED

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-sorenson -- EXT#

EXAMINER: \_\_\_\_\_

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

**SECTION I (1-4 must be completed)**

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)

Enter new principal office address, if applicable: 891 Outer Rd., Suite B, Orlando, FL 32814

(Principal office address

MUST BE A STREET ADDRESS)

891 Outer Rd., Suite B

Orlando, FL 32814

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

891 Outer Rd., Suite B

Orlando, FL 32814

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)(c), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	Joseph Pagan	891 Outer Rd., Suite B	<input checked="" type="checkbox"/> Add
		Orlando, FL 32814	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
AP	Christopher Porter	1717 McKinney, Suite 1000	<input type="checkbox"/> Add
		Dallas, TX 75202	<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.

C. Kelly Rentzel  
Signature of the authorized representative

Kelly Rentzel

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**