P150000 37618

(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



600352190096

09/29/20--01043--008 **43.75

SECUELLA SA BASES PALLA SECUENTA DE LA DESTA DE LA DES

V SULKER NOV 25 2020





2000 - 12 00 2: 15

November 5, 2020

ROBERTO WOLFF 299 PARK ST #3 MIAMI SPRINGS, FL 33166

SUBJECT: TUSCANY TITLE & ESCROW SERVICES, CORP.

Ref. Number: P15000037618

We have received your document for TUSCANY TITLE & ESCROW SERVICES, CORP. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Letter Number: 220A00022232

Yasemin Y Sulker Regulatory Specialist III

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	Toon: Tuscany Title & E	scrow Services Corporation	1
DOCUMENT NUMBER	P15000037618		
The enclosed Articles of A	mendment and fee are su	sbmitted for filing.	
Please return all correspon	dence concerning this ma	atter to the following:	
	Roberto Wolff		
		Name of Contact Person	n
	Tuscany Title & Esc	row Services Corporation	
		Firm/ Company	
	299 Park St # 3		
		Address	
	Miami Springs, FL 33	3166	
		City/ State and Zip Cod	c
	RWolff@firenzegroup	o.com	
	E-mail address: (to be us	sed for future annual report	notification)
For further information cor	ocerning this matter, plead	305	505-1585
	ontact Person	at (Area Co	de & Daytime Telephone Number
Enclosed is a check for the			
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Division P.O. Box	ent Section of Corporations	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

TUSCANY TITLE & ESCROW SERVICES CORPORATION

(Name of Corporati	ion as currently filed with the Florid	a Dept. of State)	
P15000037618			
(Docum	nent Number of Corporation (if knowr	1)	
Pursuant to the provisions of section 607,1006, Floridatis Articles of Incorporation:	a Statutes, this <i>Florida Profit Corpora</i>	tion adopts the following amendm	ieni(s) t
A. If amending name, enter the new name of the co	orporation:		
		The new	
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbre	" or "Co". A professional corpora	rated" or the abbreviation "Corp., tion name must contain the wor,	 ed
B. Enter new principal office address, if applicable	e:		
(Principal office address <u>MUST BE A STREET ADI</u>			
			
		<u>SS</u>	
C. Enter new mailing address, if applicable:		HO .	TI
(Mailing address MAY BE A POST OFFICE BO	<u></u>)		
			t r:Ti
			;;
		50 1t	
D. If amending the registered agent and/or register	rud office address in Florida, enter t	ha nama af tha	
new registered agent and/or the new registered		ne name of the	
M. CN. D. C. L.			
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	
None Double and Assemble 1981 Assemble Double	ta waka was		
New Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent.		gations of the position.	
, , , , , , , , , , , , , , , , , , , ,	F	G - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -	
Signa	ature of New Registered Agent, if chan	nging	

Check if applicable

 $[\]square$ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

 $P = President; \ V = Vice President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u> <u>Jo</u>	ohn Doe	
X Remove	<u>V</u> <u>M</u>	like Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VPCFO	ALDO M. SAAVEDRA	529 Curtiss Pkwy
X Add			Miami Springs, FL 33166
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove	•		
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter chang (Be specific)				
					_
					
		···	· <u>-</u>		
			 -		
	 -				_ .
				 	
					•
					-
					•
<u> </u>				<u> </u>	
	 :			·	
	· 			···	
f an amendment provides for an exch	anne reclassific	ation or cancell	ation of issued	charec	
provisions for implementing the amer	ndment if not co	ntained in the at	nendment itse	<u>f:</u>	
(if not applicable, indicate N/A)					
					·

.

.

The date of each amendment	September 1st, 2020	, if other than the
date this document was signed		. If other than the
	September 1st, 2020	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators, or board of directors without shareholder	action and shareholder
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amenda ere sufficient for approval.	nent(s)
	re approved by the shareholders through voting groups. The following stadd for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	, "	
,	(voting group)	
6.1	09/10/2020 M.	
(B) se	y a director, president or other officer – if directors or officers have not b lected, by an incorporator – if in the hands of a receiver, trustee, or other pointed fiduciary by that fiduciary)	
	Roberto Wolff	
	(Typed or printed name of person signing)	
	President/Director	
	(Title of person signing)	-

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Tuscany Title & Es	ecrow Services Corporatio	n
DOCUMENT NUMBER:	P15000037618		
The enclosed Articles of Amend	ment and fee are sul	bmitted for filing.	
Please return all correspondence	concerning this mat	tter to the following:	
	Roberto Wolff		
		Name of Contact Perso	on
Т	uscany Title & Escr	ow Services Corporation	
		Firm/ Company	
29	99 Park St # 3	,, ,, , ,	
		Address	
M	iami Springs, FL 33	166	
		City/ State and Zip Coo	de
RV	Volff@firenzegroup	.com	
E-ma	ail address: (to be us	ed for future annual repor	t notification)
For further information concerni	ng this matter, pleas	e call:	
Roberto Wo	lff	at (³⁰⁵	505-1585
Name of Contact	Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for the follo	wing amount made p	payable to the Florida Dep	partment of State:
-	3.75 Filing Fee & rtificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addr Amendment So Division of Co P.O. Box 6327 Tallahassee, F	ection opporations	Amen Divisi The C 2415	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

TUSCANY TITLE & ESCROW SERVICES CORPORATION

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

(Name of Corporation as curre	ntly filed with the Florida Dept. of State	<u>e</u>)	
P15000037618			
(Document Number	er of Corporation (if known)		_
Pursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	his Florida Profit Corporation adopts the	following amend	lment(s)
A. If amending name, enter the new name of the corporation:	<u>.</u>		
	77 D	The r	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P	A professional corporation name mus	previation Corp t contain the w	ord
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)			_
		75. 20	_
C. Enter new mailing address, if applicable:		29 46	- <u>-</u> -
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
		- 15 To	
		7 P	-111
			$_{-}$
D. If amending the registered agent and/or registered office a	ddress in Florida, enter the name of the	· 語語 o	
new registered agent and/or the new registered office addr		37	
Name of New Registered Agent			
(Florida	street address)		
New Registered Office Address:	. Florida		
	(City)	(Zip Code)	_
New Registered Agent's Signature, if changing Registered Agent's			
hereby accept the appointment as registered agent. I am familia	ar with and accept the obligations of the p	osition,	
Signature of Nev	v Registered Agent, if changing		
Signific by Nev	The state of the s		
Check if applicable			

mending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and dress of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

PT John D	<u>Doc</u>	
V Mike J	lones	
SV Sally S	Smith	
<u>Title</u>	<u>Name</u>	Address
VPCFO	ALDO M. SAAVEDRA	529 Curtiss Pkwy
		Miami Springs, FL 33166
		· · · · · · · · · · · · · · · · · · ·
	V Mike Solly	V Mike Jones SV Sally Smith Title Name

	f necessary).	(Be specific)			
· · · · · · · · · · · · · · · · · ·					
					
				 	
·					
				·	
			 		
		·			
			· · · · · · · · · · · · · · · · · · ·		
					
					
				<u> </u>	
					
f an amendment provide	s for an excha	ange, reclassific	ation, or cancella	ition of issued shar	es,
provisions for implemen	ting the amen	ange, reclassific idment if not co	ation, or cancella	ition of issued shar nendment itself:	es,
f an amendment provide provisions for implemen (if not applicable, ind	ting the amen	ange, reclassific Idment if not co	ation, or cancella intained in the ar	ition of issued shar nendment itself:	<u>es,</u>
provisions for implemen	ting the amen	ange, reclassific adment if not co	ation, or cancells ontained in the ar	ition of issued shar nendment itself:	es,
provisions for implemen	ting the amen	ange, reclassific idment if not co	ation, or cancella intained in the ar	ition of issued shar nendment itself:	es,
provisions for implemen	ting the amen	ange, reclassific idment if not co	eation, or cancella entained in the ar	ition of issued shar nendment itself:	es,
provisions for implemen	ting the amen	ange, reclassific	ation, or cancells ontained in the ar	ition of issued shar nendment itself:	es,
provisions for implemen	ting the amen	ange, reclassific	ation, or cancells intained in the ar	ition of issued shar nendment itself:	es,
provisions for implemen	ting the amen	ange, reclassific	ation, or cancella	ition of issued shar nendment itself:	es,
provisions for implemen	ting the amen	ange, reclassific	ation, or cancells	ition of issued shar nendment itself:	es,
If an amendment provide provisions for implemen (if not applicable, ind	ting the amen	ange, reclassific	ation, or cancells	ition of issued shar nendment itself:	es,
provisions for implemen	ting the amen	ange, reclassific	ation, or cancella	ition of issued shar	es,
provisions for implemen	ting the amen	ange, reclassific	ation, or cancella	ition of issued shar	es,

• •

•		September 1st, 2020	
	of each amendment(s) ac ocument was signed.	doption:	, if other than the
	date if applicable:	September 1st, 2020	
Meetive	date ir appreasie.	(no more than 90 days after amendment file date	e)
		lock does not meet the applicable statutory filing requirement partment of State's records.	nts, this date will not be listed as the
Adoption	of Amendment(s)	(<u>CHECK ONE</u>)	
	nendment(s) was/were addwas not required.	opted by the incorporators, or board of directors without share	holder action and shareholder –
	nendment(s) was/were add shareholders was/were su	opted by the shareholders. The number of votes cast for the artificient for approval.	mendment(s)
		proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendment	
***	The number of votes cast	for the amendment(s) was/were sufficient for approval	
b	у	,,	
	, <u> </u>	(voting group)	
	Dated	10/2020	
	Signature		
	selected	rector, president or other officer – if directors or officers have I, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)	
		Roberto Wolff	
		(Typed or printed name of person signing)	
		President/Director	
		(Title of person signing)	