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COVER LETTER

SUBJECT: EXPRESS Title Professional & U.C. Name of Limited Liability Company			
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:			
rease return an correspondence concerning this matter to the following.			
Michael Millhorn Name of Person			
Express Title Andessionals LLC Firm/Company			
13696 US HWY 441 SUITE 200			
The Villages, FZ 32159 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Devan Ryder at (352) 430-2517 Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\sim \sim \sim \sim \sim \sim \sim \sim			

MAILING ADDRESS:

Registration Section Division of Corporations

· TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
DEC 15 AM II: 14

Express 7		SECRETARIOT STATE TALLALIASSEE, FLORIDA	
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears o orida Limited Liability Company)	n our records.	
The Articles of Organization for this Limited Liabi	lity Company were filed on 12	122/3009 and assigned	
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of th	e limited liability company here:		
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Company,	"the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicabl	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		
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 agent and/or the new registered office		records, enter the name of the new	
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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action **Title Address** Name Cynthia L Polster ☐ Add Remove ☐ Add Remove ___ Add Remove ☐ Add Remove □Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Michael Milhorn
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00