## L23000153896

| (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: |
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Office Use Only



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## **COVER LETTER**

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Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

| FOX RUN                        | TITLE, LLC                                   |                                                                     |                                                                                            |  |  |
|--------------------------------|----------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--|--|
| SUBJECT:                       | Name of Lim                                  | ited Liability Company                                              |                                                                                            |  |  |
| The enclosed Articles of       | Amendment and fee(s) are sub                 | mitted for filing.                                                  |                                                                                            |  |  |
| Please return all correspo     | ndence concerning this matter                | to the following:                                                   |                                                                                            |  |  |
|                                | JACLYN E. ROSELL                             |                                                                     |                                                                                            |  |  |
|                                | Name of Person                               |                                                                     |                                                                                            |  |  |
|                                | FOX RUN TITLE, LLC                           |                                                                     |                                                                                            |  |  |
| Firm/Company                   |                                              |                                                                     |                                                                                            |  |  |
|                                | ONE ALHAMBRA PLACE, FLOOR PH                 |                                                                     |                                                                                            |  |  |
|                                | <del></del>                                  | Address                                                             | <del></del>                                                                                |  |  |
|                                | CORAL GABLES, FL 33134                       |                                                                     |                                                                                            |  |  |
|                                |                                              | City/State and Zip Code                                             | <del></del>                                                                                |  |  |
|                                | JACLYN@FOXRUNTITL                            |                                                                     |                                                                                            |  |  |
|                                | E-mail address: (                            | to be used for future annual report noti                            | fication)                                                                                  |  |  |
| For further information co     | oncerning this matter, please co             | all:                                                                |                                                                                            |  |  |
| JACLYN E. ROSELL               |                                              | 646 683-3801                                                        |                                                                                            |  |  |
| Name of                        | `Person                                      |                                                                     | c Telephone Number                                                                         |  |  |
| Enclosed is a check for th     | c following amount:                          |                                                                     |                                                                                            |  |  |
| ■ \$25.00 Filing Fee           | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |  |  |
| Mailing Address Registration S |                                              | <u>Street Address:</u><br>Registration Se                           | ction                                                                                      |  |  |
| Division of Corporations       |                                              | Division of Cor                                                     |                                                                                            |  |  |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FOX RUN TITLE, LLC                                                                                                |                                                              |                     |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------|
| (Name of the Limited Liability Comp.<br>(A Florida Limited                                                        | any as it now appears on our records.)<br>Liability Company) | _ <del></del>       |
| The Articles of Organization for this Limited Liability Company                                                   | were filed on MARCH 27, 2023                                 | _ and assigned      |
| Florida document number L23000153896                                                                              |                                                              |                     |
| This amendment is submitted to amend the following:                                                               |                                                              |                     |
| A. If amending name, enter the new name of the limited liah                                                       | oility company here:                                         |                     |
| The new name must be distinguishable and contain the words "Limited Liabi                                         | ility Company," the designation "LLC" or the abbre           | viation "L.L.C."    |
| Enter new principal offices address, if applicable:                                                               |                                                              |                     |
| (Principal office address MUST BE A STREET ADDRESS)                                                               |                                                              | 202                 |
|                                                                                                                   |                                                              | <i>C</i> .          |
|                                                                                                                   |                                                              |                     |
| Francis                                                                                                           | ONE ALHAMBRA PLAZA. FLOOR PH                                 | 17                  |
| Enter new mailing address, if applicable:                                                                         | CORAL GABLES, FL 33134                                       |                     |
| (Mailing address MAY BE A POST OFFICE BOX)                                                                        |                                                              | <del></del>         |
|                                                                                                                   |                                                              | つ<br><del>- ヴ</del> |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the name o                     | of the new registo  |
| Name of New Registered Agent:                                                                                     | <u> </u>                                                     |                     |
| 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 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 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>      | Address                               | Type of Action             |
|--------------|------------------|---------------------------------------|----------------------------|
| AMBR         | YANERIS RIVERA   | ONE ALHAMBRA PLAZA, FLOOR PH, CORAL O | 74 <b>3313</b> ∜<br>_ ■Add |
|              |                  |                                       | □Remove                    |
| AMBR         | JACLYN E. ROSELL | ONE ALHAMBRA PLAZA, FLOOR PH, CORAL C |                            |
|              |                  |                                       | _ DAdd                     |
|              |                  |                                       | □Remove                    |
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|              |                  |                                       | _ Change                   |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MARCH 27, 2023 E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated JULY 7 2023

Signature of a member or authorized representative of a member

Typed or printed name of signee

JACLYN E. ROSELL