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ALLAHASSEE, FLORIDA

JUN 2 7 2022 S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Patch Reef Title Co	ompany, Inc.	
DOCUMENT NUMBER: K53			· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Amendo	nent and fee are su	bmitted for filing.	
Please return all correspondence	concerning this ma	tter to the following:	
Nicole Ot	aviani		
		Name of Contact Person	1
Patch Rec	f Title Company, It	nc.	
		Firm/ Company	1.0.2
4455 Mili	tary Trail Ste 102		
		Address	
Jupiter, FI	. 33458		
 .		City/ State and Zip Cod	<u>.</u>
nicole@pa	ntchreeftitle.com		
E-ma	il address: (to be us	sed for future annual report	notification)
For further information concerning	ng this matter, pleas	se call:	
Nicole Ottaviani		at (296-8504
Name of Contact	Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the follow	ving amount made	payable to the Florida Depa	artment of State:
-	3.75 Filing Fee & tificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addre Amendment Sc			Address ment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Artic	icles of Amendment	22 HAY -5
Artic	to les of Incorporation	节
	of	SSE -5
atch Reef Title Company, Inc.		Fig. P
(Name of Corporation as	currently filed with the Florida Dept. of State)	70 5
53349		5: 5: STATE LORII
(Document N	Number of Corporation (if known)	>
ursuant to the provisions of section 607,1006, Florida States Articles of Incorporation:	utes, this Florida Profit Corporation adopts the fo	llowing amendment(s
. If amending name, enter the new name of the corpora	ration:	
		The new
ame must be distinguishable and contain the word "corpore Inc.," or Co.," or the designation "Corp," "Inc," or ' chartered," "professional association," or the abbreviatio	"Co". A professional corporation name must	
s. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRES.</u>	<u>S</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
b. If amending the registered agent and/or registered of new registered agent and/or the new registered office		
Name of New Registered Agent		.
	Florida street address)	
(r	,	
New Registered Office Address:	, Florida, Florida	(Zip Code)
	(City)	v.np Coue
ew Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am J	ed Agent:	ition
посод иссерстве протители из гедтегей идет. Титу	Jamina man and accept the obligations of the pos	*******

Signature of New Registered Agent, if changing

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>John Do</u>	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VT		Victoria M. Posess	4455 Military Trail Ste 102
X Add				Jupiter, FL 33458
Remove				
2) Change		_		
Add				
Remove 3) Remove		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding addition Attach additional sheets, if neces	ssary). (Be specific	c)		
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			_	
				
				
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	LES 8 - 1 - 1			
f an amendment provides for a	an exchange, reclas	sification, or canc	ellation <u>of issued sh</u>	ares,
provisions for implementing the	<u>he amendment if no</u>	ot contained in the	amendment itself:	
(if not applicable, indicate :	(VA)			
		<u>-</u>		
	-			
			· ·	
	<u></u>			

The date of each amendment(s) adoption: date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi		_	
(no more than 90 days after amendment file date)		_	
Note: If the date inserted in this black does not meet the applicable statutory filing requirements, this date wi			
document's effective date on the Department of State's records.	ll not be l	isted a	is the
Adoption of Amendment(s) (CHECK ONE)			
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	d sharehol	lder	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.			
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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	TALL ARAS	2022 MAY -	<u> </u>
(voting group)	333 733	Q.	
Dated May 2, 2022 Signature Charles Cosess	LINAY OF STATE MASSEE, FLORIDA	PM 5: 59	Ö
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)			
Charles F. Posess			

President