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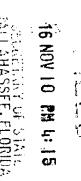
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COVER LETTER

TO: Registration Section Division of Corpora				•
SUBJECT: MEMBER	OC MIMIE ACENOV	TTO		
SOSILETFERRA	RS TITLE AGENCY Name of Limite	d Liability Company		
The enclosed Articles of Ame	endment and fee(s) are subm	itted for filing.		
Please return all corresponder	nce concerning this matter to	the following:		
	Debbie i	H. Whittaker		
		Name of Person		
·	MEMBERS	TITLE AGENC	Y, LLC	
•		Firm/Company		
	6810 E.	Hillsboroug	h Avenue	
		Address		
	Tampa,	FL 33610		
		City/State and Zip Code	;	
	debbie.	whittaker@fl	oridamta.	org
	E-mail address: (to	be used for future annua	report notification	n)
For further information conce	erning this matter, please cal	1:		
Debbie H. Whittaker at (813) 622-8833 Name of Person Area Code Daytime Telephone Num			nhone Number	
	20.,	/ Hou code	Dujume Telej	phone ivanibu
Enclosed is a check for the fo	ollowing amount:			
\$25.00 Filing Fee	3\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is ex		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

	LE AGENCY, LLC	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.)	
() I I I I I I I I I I I I I I I I I I I	my company)	
The Articles of Organization for this Limited Liability Company we	ere filed on	0 and assigned
Florida document number <u>L00000011590</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	
n/a The new name must be distinguishable and contain the words "Limited Liability	0 47.70	4 11 12 61 7 62
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	n/a	
(Principal office address MUST BE A STREET ADDRESS)		
		
Enter new mailing address, if applicable:	n/a	
(Mailing address MAY BE A POST OFFICE BOX)		
·		
B. If amending the registered agent and/or registered offi	ce 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: n/a		> 2
Than of they registed right.		3 2
New Registered Office Address:		
	Enter Florida street address	
·	, Flor	rida cr
	Cuy	AP Code,
New Registered Agent's Signature, if changing Registered Agent:		S En

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	TOM R. DORETY	6801 E. Hillsborough Ave.	
		Tampa, FL 33601	Remove
		· · · · · · · · · · · · · · · · · · ·	Change
mgr_	KEVIN D. JOHNSON	6801 E. Hillsborough Ave.	A dd
		Tampa, FL 33601	□ Remove
			Change
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			☐ Change

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Filing Fee: \$25.00