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Division of Corporations Public Access System

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ity Company as it now appears on our real Limited Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Florida document number <u>L04000015751</u>		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		
LEADING EDGE TITLE, LLC			
The new name must be distinguishable and end with the w"L.L.C."	words "Limited Liability Company," the de	signation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD)	DRESS)		
Enter now mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg		ds, enter the name of the nev	
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)

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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 = MGRM	- Manager I = Managing Momber		
<u>Title</u>	Name	Address	Type of Action
<u> — , </u>			Add Remove
			Add
<u> </u>	_		Add Remove
	1		Add Remove
			Add Remove
			Add Remove
D. If a	mending any other information, enter ch	ange(s) hore: (Attach additional sheets, if necesse	<u>.</u>
			09 HAY 27 SECRETAR TALLAHASS
Dated _		09/	HAY 27 AM 8: 27 CRETARY OF STATE LAHASSEE FLORIDA
•	R. LEE ACKER, J	nber or authorized representative of a member R., MANAGER	27
	T)	ped or printed name of signee	

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Filing Fee: \$25.00