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SUBJECTARY OF STATE
TALLAHASSEE: FI DRIES

COVER LETTER

Division of Corporations
SUBJECT: A Clear Title and Escrow Exchange, LLC 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:
Justyna Michalowska Name of Person A Clear Title and Escraw Exchanges Firm/Company
901 Venetia Bay Blvd. #220-8
City/State and Zip Code
justyna m (at) acleartitleandee (dot) com J-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Justyna Michabuska at 94, 485-5784 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}

Registration Section

TQ:

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

A Clear Title and Escrow Exchange, UC

(Name of the Limited Liability Company as it now appears on our records)

(A Florida Limited Liability Company)

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on OSOO and assigned Florida document number LOSOO 43067.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LEC or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
B. If amending the registered agent and/or registered office 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: Stephen 7. Cormier
New Registered Office Address: 901 Vone La Bay Blvd. #220-B Enter Florida street address
Venice, Florida 34285
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 for firm that the limited liability company has been notified in writing of this change. It hanging Registered Agent, Signature of New Registered Agent

Page 1 of 2

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** <u>Title</u> <u>Name</u> Address Remove na Michalowska 901 ☐ Add Remove] Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated December Signature of a member or authorized representative of a member Michalowska
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00