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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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2022 JUN 27 PM 5: 42

A. BUTLER
SEP 2 1 2022

COVER LETTER

TO: Registration Sec Division of Corp	ction porations		
	ABSTRACT & TITLE LLC		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
	Michael C Blickensderfer		
		Name of Person	
Division of Corporations NEINITY ABSTRACT & TITLE LLC Name of Limited Liability Company			
		Address	me Telephone Number S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed) Section Corporations Tallahassee
	Tampa, Fl. 33618		_
		City/State and Zip Code	
			ification)
For further information of			
Michael C Blickensderfe	er		
Name c	rf Person	Area Code Daytir	ne Felephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registration Division of (Section Corporations	Registration S Division of Co	orporations
P.O. Box 63 Tallahassee.			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

INFINITY ABSTRACT & TITLE LLC

TRACT & TITLE LLC

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

(A Florida Limited Liability Company)

(A1	TOTIVA LIMITEO LIA	omey company	17 11 45	15 1 1 E
The Articles of Organization for this Limited Liabil	lity Company w	ere filed on 12/16/2005	_	and assigned
		cre med on		
Horida document number 1.05000120007	 '			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited li <u>abili</u>	ty company here:		
		_		
The new name must be distinguishable and contain the words	s "Limited Liability	Company," the designation	"LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicabl	e:			
(Principal office address MUST BE A STREET A	(DDRESS)			
_				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		 _	
	1 FF	Linna on our roomste	antar the name (of the new registered
B. If amending the registered agent and/or registered agent and/or the new registered office address h	stered office ac <u>iere</u> :	idress on our records, y	enter the hames	7 the new regiments
ingeve with the second				
Name of New Registered Agent:				
New Registered Office Address.		Enter Florida street	address	
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:			Florida	Zip Code
		City		Zip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:			
I hereby accept the appointment as registered of provisions of all statutes relative to the proper accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this change.	and complete pered agent as per gistered office of	performance of my dut rovided for in Chapter	1es, ana 1 am ja · 605, F.S. Or. ij	nunar wun ana This document is

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>	<u>Name</u>	<u>Address</u>	Type of Action
VP	Viviane Blickensderfer	_	
			≡ Remove
			☐Change
			□Add
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inte: It the date inserte	r than the date of fill the date must be specific a ed in this block does no tte on the Department o	it meet the applic	able statutory filit	option (option or than 90 days after or requirements, this	o nai) filing.) Pursuant to 605.03 s date will not be listed	207 i Las i
record specifies a dela Lis filed.	yed effective date, but r	101 an effective ti	me, at 12:01 a.m.	on the earlier of: (b) The 90th day after t	.he
ated June 22	11.000	2022				
	MitCH					
		K.,	ariant range marie	o at'u mombor		
 	Signature	nember of auth	orized representativ	e of a member		

Filing Fee: \$25.00