L0900000347

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EFFECTIVE DATE

AUG 1 5 2016 S. YOUNG

, ,	COVER LETTER.	
TO: Registration Sec Division of Corp		*
SUBJECT:	n Title Agency, LLC	
	Name of Limited Liability Ompany	
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspor	adence concerning this matter to the following:	
	Steven & Salkin Name of Person	
	Name of Person	
	Sun Title Agency, LLC Firm/Company	
	Firm/Company	1
	34 SE OSceola Street	
	Address	
	Strait, FL 34994	ر ح
	City/State and Zip Code	
	Steve Starfishtitle.com E-mail address: (to be used for future annual report notification)	<u></u>
Ton firmthon in formation as		
	ncerning this matter, please call:	
Steven So	at \	
Name of	Person Area Code Daytime Telephone Number	
Enclosed is a check for the	following amount:	
sheloged is a check for the		

(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certified Copy (additional copy is enclosed)

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

Sun Title	Agency, LLC			
(Name of the Limited (A	Liability Company as it now appears (Florida Limited Liability Company)	on our records.		
The Articles of Organization for this Limited Liab Florida document number <u>L0900020</u>		3/2/19	_ and assign	ed
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the Starfish Title. The new name must be distinguishable and contain the word.	Agency, LLC		viation "L.L.C	· · ·
Enter new principal offices address, if applicab	le:			100
(Principal office address MUST BE A STREET	ADDRESS)		رن <u>دین</u> بر	- 1
Enter new mailing address, if applicable:			13	12-25 13-25
Mailing address MAY BE A POST OFFICE BO	DX)		7 F	
B. If amending the registered agent and/or registered agent and/or the new registered offic		our records, enter the	e name of	the nev
Name of New Registered Agent:		<u> </u>		
New Registered Office Address:	Enter Florida	a 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 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 **Type of Action** <u>Address</u> <u>Title</u> <u>Name</u> □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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Filing Fee: \$25.00