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COVER LETTER

Div	ision of Corpo	orations				
SUBJECT:	STEWART COMPANIES LLC					
SOBSECT.		Name of Limi	ted Liability Company			
The enclosed	Articles of A	mendment and fee(s) are subr	nitted for filing.			
Please return	all correspond	dence concerning this matter t	to the following:			
		Keith Brady				
			Name of Person			
		Keith Brady Law				
			Firm/Company			
		6740 Crosswinds Dr. N Suit	te G			
			Address			
		St. Petersburg, FL 33710				
		keith@keithbradylaw.com	City/State and Zip Code			
		E-mail address: (t	o be used for future annual report notifi	cation)		
For further is	iformation cor	ncerning this matter, please ca	ill:			
Keith Brady			727 8201067 at ()			
	Name of I	^l erson	Area Code Daytime	Telephone Number		
Enclosed is a	check for the	following amount:				
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

TO:

Registration Section

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

STEWART COMPANIES LLC		
(<u>Name of the Limited Liability C</u> (A Florida Li	Company as it now appears on our record mited Liability Company)	<u>(x.)</u>
The Articles of Organization for this Limited Liability Con	npany were filed on 3/26/2012	and assigned
Florida document number L12000043749		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
STEWART REAL ESTATE COMPANY LLC		
The new name must be distinguishable and contain the words "Limited	l Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE.	<u> </u>	S
		6
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u>26 </u>
B. If amending the registered agent and/or register		s, enter the name of the n
registered agent and/or the new registered office addres	ss nere:	
Name of New Registered Agent:		
isame of New Registered Agent.	,,	
New Registered Office Address:		
	Enter Florida street addres	XX
		orida
	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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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Fective date, if other than the dan effective date is listed, the date must be stee: If the date inserted in this block cument's effective date on the Department of the pection of the pe	e specific and cannot be perfected to the specific does not meet the appartment of State's reconfiguration of State, but	plicable statutory ords.	or more than 90 days al filing requirements, t	his date will n	iant to 60 of be lis	sted :
The 90th day after the record	d is filed. 2019					
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ated	gnature of a member or :					

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