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COVER LETTER

TO: . . Registrátion Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations PRINCIPLE ESCROW, LLC SUBJECT: 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: EVAN W. TURK Name of Person TURK LAW GROUP, PLLC Firm/Company 3695 W. BOYNTON BEACH BLVD., SUITE 9 Address BOYNTON BEACH, FL 33436 City/State and Zip Code EWTURK@PALMBEACHLAWOFFICES.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KARYN TURK Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRINCIPLE ESCROW, LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our record nited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Comp	pany were filed on 11/9/2012	and assigned
Florida document number 1.12000142363		
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 contain the words "Limited	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 ADDRES	<u>S)</u>	,
		(-) ************************************
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		1 1
B. If amending the registered agent and/or registero registered agent and/or the new registered office address	ed office address on our records	s, enter the name of the
registered agent and/or the new registered office address	incre.	· · · ·
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	s
	, Flo	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	EVAN W. TURK (FROM AMBR TO MGR)	3695 W. BOYNTON BEACH BLVD., SUITE 9	
		BOYNTON BEACH, FL 33436	
			Remove
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ective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date of	of filing or more than 90 days after filing.) Pursuant to 605.01
te: If the date inserted in this block does not meet the applicable starument's effective date on the Department of State's records.	nutory titing requirements, this date will not be listed
record specifies a delayed effective date, but not an e	effective time, at 12:01 a.m. on the earlier
he 90th day after the record is filed.	
ied <u>Ucroser</u> 29 . 2018 .	
July . 2018	
1 Law -	epresentative of a member

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Typed or printed name of signee

Filing Fee: \$25.00