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COVER LETTER

TO:		sistration Se ision of Cor			
cum	HOOT.	Land South	Title, LLC		
SUB	JECT:		Name of Lim	ited Liability Company	
The	enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	se return	all correspo	ndence concerning this matter	to the following:	
			Richard A. Miller		
				Name of Person	
			Miller, Crosby & Miller, P	P.A.	
			 	Firm/Company	
			2323 S. Florida Avenue		
				Address	
			Lakeland, Florida 33803		
				City/State and Zip Code	
			rmiller@mcmpalaw.com		
			E-mail address: (to be used for future annual report notifi	ication)
For f	further is	nformation c	oncerning this matter, please ca	all:	
Rich	nard A. 1	Miller		863 688-7038 at ()	
		Name o	f Person	Area Code Daytime	Telephone Number
Encl	osed is a	a check for th	ne 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:

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

Land South Title, LLC (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 October 24, 2013 and assigned Florida document number _L13000150246 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AgAmerica Title, LLC 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address Florida City

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:

$\mathbf{AMBR} = \mathbf{A}$	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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fective date, if other than the	e date of filing: April 15, 2017	(optio	nal)	
n effective date is listed, the date mu	st be specific and cannot be prior to date lock does not meet the applicable st	of filing or more than 90 days after	filing.) Pursua	nt to 605.02 t be listed :
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ated March 20	Signature of a member or authorized in			

Page 3 of 3

Filing Fee: \$25.00