## L13000165948

(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
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## COVER LETTER

	Registration Sec Division of Corp			
SUBJEC	The Closing	; Firm, LLC.		
SUDJEC		Name of Lim	ited Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspon	ndence concerning this matter	to the following:	
		Nancy B Gonzalez		
		_	Name of Person	
		The Closing Firm, LLC		
			Firm/Company	
		2151 Le Jeune Rd., Suite 3	304	
			Address	
		Coral Gables, FL 33134		
			City/State and Zip Code	
		nbetty@theclosingfirm.com		
			to be used for future annual report noti	ification)
For furth	er information co	oncerning this matter, please ca	all:	
Nancy B	Gonzalez Gonzalez		305 428-4800 at (	
	Name of	Person		ne Telephone Number
Enclosed	l is a check for the	e following amount:		
\$25.0	00 Filing 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)
	Registra Division P.O. Bo	NG ADDRESS: ation Section to of Corporations x 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co	on rations enter Circle

## ARTICLES OF AMENDMENT FILED TO 2015 NOV 19 PH 12: 23 ARTICLES OF ORGANIZATION OF SECRETARY OF STATE TALLAMASSEE, FLORIDA

The Closing Firm, LLC.

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

(A Florida Limited Liability Company)

(A Florida Lim	med claomity Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number L13000165948.	pany were filed on 11/27/2013 and assigned	
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 I	Liability Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	2151 Le Jeune Rd., Suite 304	
(Principal office address MUST BE A STREET ADDRESS	Coral Gables, FL 33134	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registere	2151 Le Jeune Rd., Suite 304  Coral Gables, FL 33134	
registered agent and/or the new registered office address		
Name of New Registered Agent:	1 T 2 C 1 2011	
New Registered Office Address: 2151	Le Jeune Rd Suite 304  Enter Florida street address	
Coral	Gables , Florida 33134  City Zip Code	
New Registered Agent's Signature, if changing Registered Ag	ent:	

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 = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			□ Change
			Add
			Remove
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	<del> </del>		Add
			□ Remove
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			□ Change

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Signature of a member or authorized representative of a member	Dated	()
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y signature of a manifest contract to proceed the contract of		
		Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00