L14000150543

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer |
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Office Use Only

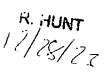


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2330 CLARE DR TALLAHASSEE, FL 32309 (850) 524-5437 / (850) 524-6243 / (850) 491-9625 Please use funds from this account: 120210000160: \$25.00 **Authorization Signature:** L14000150543 NEW FRONTIER TITLE, LLC **DOCUMENT # BUSINESS NAME** _Certified Copy Certificate of Status **AMMENDMENTS NEW FILINGS** _x_Amendment Profit Corp __Resignation of R.A. Officer/Director Not for Profit ___Limited Liability __Change of Registered Agent _Revocation of Dissolution Domestication LLLP __Merger __Articles of Conversion CORP __Other Restated Articles of Incorporation _Statement of Authority Other REGISTERATION/QUALIFICATIONS OTHER FILINGS ___Foreign Filing _Apostille _Country Reinstatement Annual Report Qualification __Fictitious Name Other

FLORIDA CÁPITAL COURIER SERVICES, INC

EXAMINER'S INITIALS:

COVER LETTER

| Division of Co | rporations | | | |
|---------------------------|--|---|---|--|
| | tier Title, LLC | | | |
| SUBJECT: | Name of Lim | ted Liability Company | | |
| The enclosed Articles of | f Amendment and fee(s) are sub | mitted for filing. | | 01Visi3 2023 [|
| Please return all corresp | ondence concerning this matter | to the following: | | 2023 DEC 28 |
| | Anthony Messina | | | 79 |
| | | Name of Person | | PH 12: 40 |
| | Messina Law Group, P.A | ٨. | | 40 |
| | | Firm/Company | | |
| | 2550 Permit Place | | | |
| | | Address | | 1 visi |
| | New Port Richey, FL 346 | 655 | | มเช้เราัดัส ดี 2023 DEC |
| | | City/State and Zip Code | | 28 |
| | anthony@messinalawgro | up.com to be used for future annual report notifies | stion) | P 9 |
| For further information | concerning this matter, please c | | , | DIVISION OF COPPORATIONS 2023 DEC 28 FH 12: 40 |
| Anthony Messina | | 813 492-7798 ext. | 110 | _ |
| Name | of Person | Area Code Daytime T | elephone Number | |
| Enclosed is a check for | the following amount: | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fe Certificate of St Certified Copy (additional copy is o | atus & |
| <u>Mailing Addr</u> | ess: | Street Address: | | |

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

TO

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| New Frontier Title, LLC | | | |
|--|--|--------------------------------|---------------------------------|
| (Name of the Limi | ted Liability Company as it now appea (A Florida Limited Liability Company) | rs on our records.) | |
| he Articles of Organization for this Limited L | iability Company were filed on _0 | 9/25/2014 | _ and assigned |
| forida document number L14000150543 | | | ç; |
| orida document number | | | 202 202 |
| nis amendment is submitted to amend the following | lowing: | | OSOS DEC |
| If amending name, enter the new name of | of the limited liability company h | ere: | 28 |
| ne new name must be distinguishable and contain the | words "Limited Liability Company," the | designation "LLC" or the abbre | viation IL.C. |
| the fight that the distinguishable and committee | • • • | - | 2: L |
| nter new principal offices address, if appli | cable: | | <u>~</u> |
| Principal office address MUST BE A STREE | ET ADDRESS) | . <u> </u> | 823 |
| the grant of the same of the s | | | R 중도 |
| | | · <u>- ", · </u> | 2 |
| | | | 8 0 |
| nter new mailing address, if applicable: | | | - 10 10 11 |
| Mailing address MAY BE A POST OFFICE | (BOX) | | 2 2 2 3 3 4 3 |
| raning address with BETTT OST OFFICE | | | € 5 ²² |
| . If amending the registered agent and/or | registered office address on our | records, enter the name o | of the new registe |
| gent and/or the new registered office addre | ess here: | | |
| Name of New Registered Agent: | Messina Law, P.A. | | |
| New Registered Office Address: | 2550 Permit Place | | |
| New Registered Office Address. | Enter Flo | orida street address | |
| | New Port Richey | , Florida ³⁴⁶⁵ | 5 |
| | 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> | Name | Address | Type of Action |
|--------------|-----------------------------|--|------------------|
| MBR | Keystone Title Agency, Inc. | 2550 Permit Place, New Port Richey, FL 34655 | |
| | | | □Remove |
| | | | □Change |
| MGR | Anthony Messina | 2550 Permit Place, New Port Richey, FL 34655 | ■ Add |
| | | | Remove |
| | | | Change |
| MGR | Erin Knorr | 5619 CANYON VIEW DR. CASTLE ROCK, CC | 80 □ Add |
| | | | Remove |
| | | | □Change |
| MBR | Erin Knorr | 5619 CANYON VIEW DR. CASTLE ROCK, CC | DIVISION TARE |
| MBR | Keith Gordon | 801 49th St N St Petersburg, FL 33710 | TO STATE CHETAKT |
| | | | PHengerical |
| | | | □Remove |
| | | | □Change |

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| ective date, if other than the deflective date is listed, the date must be: If the date inserted in this blocument's effective date on the Dep | e specific and cannot be prior to date of filing or k does not meet the applicable statutory fi | (optional) more than 90 days after filing.) Pursuant to 605 ling requirements, this date will not be liste |
| cord specifies a delayed effective of filed. | date, but not an effective time, at 12:01 a.n | n. on the earlier of: (b) The 90th day after |
| December 6 | ignature of a member or authorized representat | |
| | | |