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(Ad	ldress)	
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COVER LETTER

TO:		istration Sec ision of Corp				
CUDIE	eren.	PALMETTO	BAY TITLE AND ESCRO	W LLC		
SUBJE	LCI:		Name of Lim	ited Liability Company		
The end	closed	Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please	return	all correspon	dence concerning this matter	to the following:		
			CLAUDETTE O.BATTS			
				Name of Person		
PALMETTO BAY TITLE AND ESCROW LLC						
				Firm/Company	, , , , , , , , , , , , , , , , , , , 	
9710 EAST INDIGO STREET, SUITE 202						
				Address		
			PALMETTO BAY FLOR	IDA 33157		
			cob@cbattslaw.com	City/State and Zip Code	·	
			E-mail address: (to be used for future annual report	notification)	
For fur	ther in	formation co	ncerning this matter, please ca	all:	,	
CLAUDETTE O. BATTS				305 3288446 at ()	;	
		Name of	Person	Area Code Da	ytime Telephone Number	
Enclose	ed is a	check for the	e following amount:			
\$25	25.00 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)	

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

PALMETTO BAY TITLE AND ESCROW LLC	•
(<u>Name of the Limited Liability Company as it now a</u> (A Florida Limited Liability Comp	any)
The Articles of Organization for this Limited Liability Company were filed o	and assigned
Florida document number L16000150272	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compar	ny here:
PALMETTO BAY TITLE AND ESCROW INTERNATIONAL, 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:	. 1
(Principal office address MUST BE A STREET ADDRESS)	SEC. 16
Trucipal office duaress West BEASTREET ABBRESS	> 20 (20)
	SS N among
	%
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	The same of the sa
	92 3 3 3 3 3 3 3 3 3 3
	₽ •
B. If amending the registered agent and/or registered office addres	ss on our records, enter the name of the 1
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Ente	er Florida street address
	. Florida
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 <u>Address</u> **Type of Action** _□ Add _□ Remove _□ Change _□ Add □ Remove _□ Change _□ Add ☐ Remove □ Change □ Add ☐ Remove □ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove

□ Change

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f an effective of	te, if other than that the date is listed, the date in	nust be specific and	l cannot be prior	to date of filing or	more than 90 days after	t ional) er filing.) Purs	uant to 6	05.0207
	date inserted in this effective date on the				ing requirements, th	is date will	not be li	sted as t
								•
	specifies a delay day after the re			t an effective	time, at 12:01	a.m. on t	he ear	lier of:
DECE Dated	EMBER 17,		2016	<u> </u>				
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Typed or printed name of signee

Filing Fee: \$25.00