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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJI	ест: <u>А</u>	fforable title	Liens, LLC	
		Afforable fittle Liens LLC Name of Limited Liability Company Sof Amendment and fee(s) are submitted for filing. Espondence concerning this matter to the following: Denise Nodarse Name of Person Name of Person Dolphin fittle Liens, LLC Firm/Company 1701 ne. 1915+ # 317 Address Micani, FL 33179 City/State and Zip Code Denise Nodarse 1979 & gmail. Com E-mail address: (to be used for future amount report notification) on concerning this matter, please call:		
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		Denise	Nodarse	·
			Name of Person	
		Dolphin	Firm/Company	LLC
		1701 09	e. 1915+ #317 Address	
		Miami	FL 33179 City/State and Zin Code	
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For fur	ther information co	oncerning this matter, please ca	all:	
	Denise No	darse	at (305) 467-3	438
	Name of	Person	Area Code Daytime	e Telephone Number
		e following amount:		
jX \$2	5.00 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

Afforable fitle	Liens L	LC	
(Name of the Limited Liability Compa (A Florida Limited L		our records.	
The Articles of Organization for this Limited Liability Company	were filed on <u>NOV</u> .	16, 2016	and assigned
Florida document number <u>L 16000209716</u> .			
This amendment is submitted to amend the following:			or the abbreviation "L.L.C."
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	ation "LLC" or the abbi	
Enter new principal offices address, if applicable:		17	end end
(Principal office address MUST BE A STREET ADDRESS)		SE SE	
tivinopin opposition in the second se		35	
		<u> </u>	
*		FLC :	U
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	-	<u> </u>	<u> </u>
			patter 4
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		records, enter t	ne name of the nev
New Registered Office Address:	Enter Florida st	reet address	
	Emer Piorida sireci dadress		
	City	, Florida	Zin Code
New Registered Agent's Signature, if changing Registered Agent:	City		zap code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my d	luties, and I am fa	miliar with and

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Remove
			□ Change
		 	□ Add
			□ Remove
			Change
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effective date is list	ted, the date must be specifierted in this block does	fic and cannot be prior to d		n 90 days after fil	ling.) Pursuant to 605.0
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Filing Fee: \$25.00