## **Division of Corporations** Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LENNAR TITLE GROUP, LLC

Certificate of Status	0
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LENNAR TITLE GROUP, 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 11/30/2016 and assigned
Florida document number 1.16000221686
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
<b>3</b> 989
A. If amending name, enter the new name of the limited liability company here:
Enter new principal offices address, if applicable:
45 1 1 1 50 11 A4460 51 4 CM FINE AND BURG
(Principal office address MUST BE A STREET ADDRESS)
<del></del>
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
D. If amonding the vertebraid ment and/a restated after addition and a district a
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:
agent and of the new sylistered office address nere.
Name of New Registered Agent:
New Registered Office Address:
New Registered Office Address:  Enter Florida street address
City Zip Code
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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 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>	<u>Name</u>	Address	Type of Action
Sec	Christy Tabor	760 NW 107TH AVENUE	
		MIAMI, FL 33172	<b>≣</b> Remove
		700 NW 107TH AVENUE, SUITE 400	□Change
VP,SEC	Meredith Hart	MIAMI, FL 33172	<b>\( \beta\)</b> Add
			□Remove
			□Change
	***************************************		□Add
		<del></del>	SLORE DI DIVISION DE RELEGIO
			CIARY OF STATE OF CORP. PRAILOR.  CI Tangg
			□ Remove
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fective date, if other than the an effective date is listed, the date must	date of filing:	anta daen af Clima ar ma	(optional)	Dispusant to 605 020
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cument's effective date on the De	partment of State's record	<b>i</b> s.		
ecord specifies a delayed effective is filed.	date, but not an effective	time, at 12:01 a.m. o	n the earlier of: (b) The	e 90th day after the
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August 17	2021			
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	Signature of a member or au			