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COVER LETTER

	ivision of Cor			•. •.			
subject		PERTS. LLC					
SOBJECT	Name of Limited Liability Company						
The enclos	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.				
Please retu	rn all correspo	ndence concerning this matter	to the following:				
		RACOLE JACKSON					
			Name of Person	<u>.</u>			
		TITLE EXPERTS					
			Firm/Company				
		2101 VISTA PARKWAY	SUITE, 124				
			Address				
		WEST PALM BEACH, FI	_ 33411				
		RACOLEJACKSON@GM.	City/State and Zip Code AIL.COM				
		E-mail address: (to be used for future annual report notif	ication)			
For further	information c	oncerning this matter, please ea	all:				
RACOLE	JACKSON		561 510-6529				
-	Name o	f Person	at () Area Code Daytime	e Telephone Number			
Enclosed is	s a check for th	ne 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed			

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

TITLE EXPERTS, LLC			
(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited I	Liability Company were filed on	05/22/2017	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company	<u>here</u> :	
TITLE XPERTS, LLC			
The new name must be distinguishable and contain the	words "Limited Liability Company," the	e designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		26
(Principal office address MUST BE A STRE		_	· · · · · · · · · · · · · · · · · · ·
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u></u>		 స్తు
		•	ى
B. If amending the registered agent and registered agent and/or the new registered of	•	on our records, <u>en</u> t	er the name of the
Name of New Registered Agent:	REALTY LAW GROUP, PLLO	<u> </u>	
New Registered Office Address:	2101 VISTA PARKWAY, SUI	TE 124	
	Enter F	lorida street address	
	WEST PALM BEACH	, Florida	33411
	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 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 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
		.	
			Add
			□ Remove
			Change
			Remove
			□ Remove
			☐ Change
			□ Remove
			☐ Change
		<u></u>	
			Remove
			☐ Change

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Note: 1	e date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies of the day after the record is filed.
0 Dated _	6/09/2019
	Signature of a member of authorized representative of a member Rawle Jackson
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00