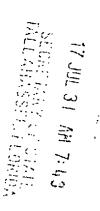
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COVER LETTER

	ONE TITLE PARTNERS LLC		į	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	MICHAEL I BERNSTEIN	ţ		
		Name of Person	!	
	THE BERNSTEIN LAW I	FIRM		
		Firm/Company	<u> </u>	
	3050 BISCAYNE BOULE	EVARD SUITE 403		
		Address		
	MIAMI, FL 33137			
		City/State and Zip C	lode I	
	MICHAEL@BERNSTEIN		! !	
	E-mail address: (to be used for future an	nual report notifica 	ition)
For further information of	oncerning this matter, please ca	all:	 	
MICHAEL I BERNSTEIN		305 at (672-9544	
Name of Person		Area Code	Daytime T	elephone Number
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing F Certified Cop (additional copy	v F	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAIL	ING ADDRESS:	STR	EET/COURIEF	RADDRESS:

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

Registration Section Division of Corporations

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRENTSTONE TITLE PARTNERS 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 $\frac{07/19/2017}{1}$ and assigned Florida document number $\frac{L17000154873}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cirv 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>Address</u> **Type of Action** <u>Title</u> Name | ERIKA REGAN 9314 Forest Hill Blvd. Ste 313 MGR _□ Add Wellington, FL 33411 ■ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add _□ Remove ☐ Change □ Add ☐ Remove ☐ Change

f amending any other information, enter change(s)	here: (Attach additional sheets, if necessary.)
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(ote: If the date inserted in this block does not meet the a ocument's effective date on the Department of State's rec	e prior to date of filing or more than 90 days after filing.) Pursuant to 605,020; applicable statutory filing requirements, this date will not be listed as cords.
e record specifies a delayed effective date, bu The 90th day after the record is filed.	ut not an effective time, at 12:01 a.m. on the earlier o
ated July 27 2017	
Signature of a member or	r authorized representative of a member
MICHAEL I BERNSTEIN	
	printed name of signee
I	Page 3 of 3

Filing Fee: \$25.00