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| (Requestor's Name) (Address) | |
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| (Address) | 600 <u>304</u> |
| (City/State/Zip/Phone #) | |
| (Business Entity Name) | 10 200 MP - 6 |
| (Document Number) Certified Copies Certificates of Status | 10/03/170 |
| Special Instructions to Filing Officer: | |
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COVER LETTER

| TO: Registration Division of C | | | |
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| | CE TITLE & ESCROW GROUP | PLLC | |
| SUBJECT: | | ited Liability Company | |
| The enclosed Articles of | of Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corres | pondence concerning this matter | to the following: | |
| | Felipe Munoz | | |
| | | Name of Person | |
| | ALLIANCE TITLE & ES | CROW GROUP LLC | |
| | | Firm/Company | |
| | 20900 NE 30th Avc. 8 Flo | or. | |
| | | Address | · ·· |
| | Aventura, FL, 33180 | | |
| | | City/State and Zip Code | |
| | fmunoz@alliancete.com | | |
| | E-mail address: (| to be used for future annual report notif | ication) |
| For further information | concerning this matter, please ca | all: | |
| Felipe Munoz | | 786 239 9236 at () Area Code Daytime | Telephone Number |
| Name | of Person | Area Code Daytime | : Telephone Number |
| Enclosed is a check for | the 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 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

| ALLIANCE TITLE & ESCROW G | ROUP LLC | | |
|--|--|---|------------------------|
| (<u>Name of the Limite</u> | d Liability Compa A Florida Limited L | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Lie Florida document number L17000168842 | ability Company | were filed on08/08/2017 | and assigned |
| This amendment is submitted to amend the follo | wing: | | |
| A. If amending name, enter the new name of | the limited liabi | ility company here: | |
| The new name must be distinguishable and contain the wo | ords "Limited Liabil | ity Company," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applica | ble: | 20900 NE 30th Ave, 8 Floor | |
| (Principal office address MUST BE A STREE) | TADDRESS) | Aventura, FL, 33180 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I | <u>80X)</u> | 20900 NE 30th Ave, 8 Floor Aventura, FL, 33180 | |
| B. If amending the registered agent and/or registered agent and/or the new registered off Name of New Registered Agent: New Registered Office Address: | | 2: | er the name of the new |
| | Aventura | Florido | 1180 J |

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.

City

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 = M $AMBR = A$ | anager uthorized Member | | |
|--------------------|----------------------------|---------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00