117000218104

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SECKETARY OF STATE

COVER LETTER

TO:	Registration Se Division of Cor			
4311B FF	J'17 F T 1	E COMPANY, LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Dan Wallace		
			Name of Person	
		ECO TITLE COMPANY,	LLC	
			Firm/Company	
		7345 GREENBRIAR PKV	VY	
			Address	
		ORLANDO, FL 32819		
			City/State and Zip Code	
		dwallace@xpresstitlecompa	-	
		E-mail address: (1	to be used for future annual report notif	ication)
For furt	ner information co	oncerning this matter, please ca	all:	
Dan Wa			407 415-7691 at ()Daytime	
	Name of	f Person	Area Code Daytimo	: Telephone Number
Enclose	d is a check for th	e 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:

TO:

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**

FILED

ECO TITLE COMPANY, LLC

2018 NOV -5 PM 1:23

(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 $\frac{12/06/2017}{}$	and assigned
Florida document number L17000218104		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
XPRESS TITLE COMPANY, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7345 GREENBRIAR PKWY	
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32819	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of		rds, enter the name of the new
registered agent and/or the new registered office address here	<u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
	City	
	Сіцу	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties,	and I am familiar with and

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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated November 1. 2018.
Dated November 1. 20/8. Pallicelled Signature of a member or authorized representative of a member
Signature of a member or authorized representative of a member DAN W9 (19 CE Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00