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### **COVER LETTER**

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TO: Registration Se Division of Cor			
SUBJECT:	c's Closing	Seerices lih	<u></u>
	Name of Kimi	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Drzatel	h Keen Zockig	
	Miz's	Closing Server	=s /hC
	1613 60	The Street S	
	Gulfout	Address  Address  City/State and Zip Code	
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For further information c	oncerning this matter, please co		
Elizate H	7	at 321, 216-9	1021
Name o	f Person	Area Code Daytime T	elephone Number
Enclosed is 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)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S		Registration Secti Division of Corpo	
Division of C P.O. Box 632	•	The Centre of Tal	
Tallahassee,		2415 N. Monroe 9	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION Name of the Limited inbility Company as it now appears on our records lorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number 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 "L.L.C." 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

> . Florida Cur

#### 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 charge.

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

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Department of State / Division of Corporations / Search Records / Search by Document Number /

### **Detail by Document Number**

Florida Limited Liability Company LIZ'S CLOSING SERVICES LLC

**Filing Information** 

Document Number

L18000078544

FEI/EIN Number

82-5529562

Date Filed

03/27/2018

Effective Date

03/27/2018

State

FL

Status

**ACTIVE** 

Principal Address

1613 60th Street South

Gulfport, FL 33707

Changed: 01/31/2021

Mailing Address

1613 60th Street South

Gulfport, FL 33707

Changed: 01/31/2021

Registered Agent Name & Address

LEON-RODRIGUEZ, ELIZABETH

1613 60th Street South Gulfport, FL 33707

Name Changed: 01/31/2021

Address Changed: 01/31/2021

Authorized Person(s) Detail

Name & Address

Title MGR

LEON-RODRIGUEZ, ELIZABETH 1613 60th Street South

Gulfport, FL 33707