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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 021222 _ 7661243

AUTHORIZATION : Smell Clads

COST LIMIT : \$\frac{1}{25}\dot{0}

ORDER DATE: September 21, 2021

ORDER TIME : 9:58 AM

ORDER NO. : 021222-005

CUSTOMER NO: 7661243

DOMESTIC AMENDMENT FILING

NAME: STARLINE TITLE PARTNERS, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS:

DocuSign Envelope ID: EC4AE12F-D938-4287-AC1E-6880A7917EC6

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STARLIN	NE TITLE PARTNERS, LL	C
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears or nited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L18000087976</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
KNOCK TITLE, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	(S)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		100 min
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our reco	rds, enter the name of the new registered
Name of New Registered Agent:		77 2
New Registered Office Address:	Enter Florida .	street address
	City	, Florida Zip Code
New Projectored Agent's Signature if shanging Posi-t A	·	
New Registered Agent's Signature, if changing Registered Ag	<u>zent:</u>	

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

DocuSign Envelope ID: EC4AE12F-D938-4287-AC1E-6880A7917EC6
II amenuing Authorized rerson(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>	Name	Address	Type of Action
			□ Remove
			□Change
			Remove
			□Change
	<u></u>		□Add
			Remove
			□Add
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effec <u>le:</u> li	e date, if other than the date of filing:
cord s filed	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 day after the delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)
	September 21 , 2021 .
ea _	— Docushamed by:
ea _	Docustored by: Jamison Blenn 1414-9200324-55. Decusioned by: Jamison Blenn 1414-9200324-55. Decusioned by:

Filing Fee: \$25.00