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COVER LETTER

	egistration Sec ivision of Corp								
CHDICCT		UM TITLE GROUP, LLC.							
SUBJECT	:	Name of Lim	ited Liability Company						
The enclos	ed Articles of a	Amendment and fee(s) are sub	mitted for filing.						
Please retu	rn all correspo	ndence concerning this matter	to the following:						
		JAYESH V. PATEL.							
			Name of Person						
		MILLENNIUM TITLE GE	ROUP, LLC.						
			Firm/Company						
	7411 GRAND NATIONAL DRIVE, SUITE C								
			Address						
		ORLANDO, FLORIDA 32	2819						
			City/State and Zip Code						
		JPATEL7784@AOL.COM							
		E-mail address: (to be used for future annual report notifi	cation)					
For further	information co	oncerning this matter, please co	all:						
JAYESH V	/. PATEL.		407 467-2022 at ()						
	Name of	Person	at () Area Code Daytime	Telephone Number					
Enclosed 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:

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

Liability Company as it now appears on ou Florida Limited Liability Company)	r records.)	
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City	Florida	Zip Code
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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 **Type of Action** Address Title <u>Name</u> ☐ Add _□ Remove ☐ Change __□ Add □ Remove _ Change _□ Add _□ Change □ Add __ 🗆 Remove ☐ Change □ Add _□ Remove

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<u>ite:</u> If the date cument's effer	inserted in this block tive date on the Depa	c does not me riment of St	cet the applicate's records	rable statutory	filing require	nents, this dat	e will not be listed
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Page 3 of 3

Filing Fee: **\$25.00**