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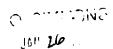




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COVER LETTER

Division of	of Corporations	
A	ged Assured Title Group, LLC	
30bJEC1,	Name of Limited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.	
Please return all co	rrespondence concerning this matter to the following:	
	Darren Aponte, Esq.	
	Name of Person	
	Emerged Assured Title Group, LLC	
	Firm/Company	
	18301 NW 2nd Court	
	Address	
	Miami, FL 33169	
	City/State and Zip Code	
	darren@emergedassuredtitlegroup.com	
	E-mail address: (to be used for future annual report notification)	
For further informa	ation concerning this matter, please call:	
Darren Aponte	305 778-5574 at ()	
1	Name of Person Area Code Daytime Telephone Number	_
Enclosed is a check	k for the following amount:	
■ \$25.00 Filing I	Fee \$\Bigcup \$30.00 Filing Fee & Bound Filin	Status &

MAILING ADDRESS:

TO:

Registration Section

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

Emerged Assured Title Group, LLC (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 August 16, 2018 and assigned Florida document number <u>L18000196313</u> 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 coatain the words "Limited Liability Company," the designation "LLC" or the 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 _ City

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Boris Dallas	18301 NW 2nd Court	
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If an effectiv <u>Note:</u> If the	date, if other the ve date is listed, the content of the date inserted in its effective date or	late must be spec this block doe	ific and cann s not meet t	ot be prior to the applicab	date of filing or le statutory fil	more than 90 daing requirement	(optional) ys after filing, nts, this date	Pursuant to 605.020 will not be listed as
ne record The 90	d specifies a de Ith day after th	elayed effec le record is	tive date filed.	, but not	an effective	time, at 12	2:01 a.m. :	on the earlier o
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		Signiu	e of a memb	er or authori	zed representati	ve of a member		
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Page 3 of 3

Filing Fee: \$25.00