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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Pax Number : (561)214-8442

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)	
he Articles of Organization for this Limited Liability Company were filed on 04 lorida document number L19000096238		and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liability company he	ére;	
LP Closing Services LLC	_	
ne new name must be distinguishable and contain the words "Limited Liability Company," the d	fesignation "LLC" or the abb	revistion "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable: **Initing address MAY BE A POST OFFICE BOX** If amending the registered agent and/or registered office address on our reent and/or the new registered office address here:	ecords, enter the name	of the new regis
	-127	2
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	***	NAR 2
Enter Floris	da street address	<u></u>
City	Florida	Ztg:Code
w Registered Agent's Signature, if changing Registered Agent:		ω
ereby accept the appointment as registered agent and agree to act in this co	annoin I di al-	Ċi

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 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

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

	ormation, enter change(s) here: (Attach additional sheets, if necessary.)	
		-
_		
		_
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it all directive date is listed, the date of	the date of filing: must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to s block does not meet the applicable statutory filing requirements, this date will not be a Department of State's records.	605.0207 listed as
e record specifies a delayed effect rd is filed.	ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	ifter the
Dated March 29th	, 2021	
	Signature of a member or authorized representative of a member	
Marie Heitzman, Attor		
	Typed or printed name of signee	

Filing Fee: \$25.00