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2019 DEC 16 PM 2: 57
SECRETARY OF STATE
TALL ARASSEF OF GRIDA

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JAN 1 6 2020 I ALBRITTON

COVER LETTER

TO: Registration So Division of Cor			
MTO TITI			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	BYRON STOUT		
		Name of Person	
	MTO TITLE LLC		
		Firm/Company	·····
	25 52ND STREET SOUTI	··i	
		Address	
	ST. PETERSBURG, FL 3:	3707	
		City/State and Zip Code	
	CBSLAW@GMAIL.CO.	to be used for future annual report no	off and and
For further information of	concerning this matter, please c		in canony
BYRON STOUT		727 258-6005 at ()	
Name o	of Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he 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 Addre		Street Address:	
Registration Division of C		Registration Se Division of Co	
P O Roy 633	•	The Centre of	•

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MTO TITLE LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) Haiability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 6/10/2019	and assigned
Florida document number L19000153357		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" o	r 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)		ZOIP DEC 16 PM
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter th</u>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flori	ida
	City	Zip Code

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>	Name	Address	Type of Action
AMBR	THOMAS DEMINT	25 52ND STREET SOUTH	\ \exists Add
		ST. PETERSBURG, FL 33707	□Remove
			□Change
AMBR	C STOUT	25 52ND STREET SOUTH	□Add
		ST. PETERSBURG, FL 33707 UN	■Remove
			□Change
			🗆 Add
			Remove
			□Change
			
			Remove
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			Remove
			□Change

Effective date, if other than the date of filing: 12/09/2019 (uptional) (if an effective date, life date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605/02076 Nate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t document's effective date on the Department of State's records. The record 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 ord is filed. Dated DECEMBER 9 2019 Signature of a member on amborated representative of a member BYRON STOUT		ther information, ent				
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Signature of a member of authorized representative of a member	DECEMBER Dated	9	2019	·		
BYRON STOUT		By Signature	of a member or author	orized representative o	f a member	
	BYRON	STOUT				

Filing Fee: \$25.00