L19000165208

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COVER LETTER

Division of Cor		•				
SUBJECT:	Sundial Title Agency LLC UBJECT:					
	Amendment and fee(s) are sub indence concerning this matter					
	Megan Flatt					
		Name of Person				
	Sundial Title Agency LL					
	Firm/Company					
	4832 9th Ave N					
		Address				
	Saint Petersburg, FL 33	713				
		City/State and Zip Code			~ 3	
	meg@sundialtitle.com			₩C CEC	2020	
For further information c	t-mail address: (oncerning this matter, please c	to be used for future annual re all:	port notification)		2020 JUL 1	
Megan Flatt			-4055	ASS.	تا <u>چ</u>	-
Name o	f Person	Area Code	Daytime Telephone Number		. 7: 53	
Enclosed is a check for the	ne following amount:					
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified		of Status		
Mailing Addres	<u>s:</u>	Street Ado	iress:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sundial Title Agency LLC			
(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on mited Liability Company)	our records,)	
The Articles of Organization for this Limited Liability Com	npany were filed on	019	and assigned
Florida document number L19000165208			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designa	ntion "LLC" or the abbrev	iation "L.L.C "
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>(22)</u>		
		SECR TAL	2020 J
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	ਯ :
			
		(1) ₍₁₎	و ا
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our record	is, enter the name of	themew registere
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida su		
	r.mer r tortau st		
	City	, Florida	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>	<u>Name</u>	Address	Type of Action
MGR	KR Property Closings LLC	811 49th St N, Saint Petersburg, FL 33710	
			□Remove
			DChange
AMBR	Hartney Realty Firm LLC	811 49th St N, Saint Petersburg, FL 33710	🗏 Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			🗆 Change
			DAdd
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			□Change
			🗆 Add
			□Remove

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fective date, if other than in effective date is listed, the date ote: If the date inserted in the ocument's effective date on t	the date of filing: c must be specific and cannots block does not meet t	he applicable statu	filing or more than 90 tory filing requirer	(optional) days after filing.) Pursua nents, this date will no	nnt to 605.0207 of be listed as
ecord specifics a delayed eff is filed.	ective date, but not an el	ffective time, at 12	:01 a.m. on the ear	lier of: (b) The 90th	day after the
uted	20	20			
(Mic)	Hott	-			
00190	Signature of a memb	er or authorized repr	esentative of a memb	per	
/ /					

Filing Fee: \$25.00