# 9 O Fonda Department of State Division of Sorporations Effectronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 Fax 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.\*\*

<b>Email</b>	Address:	
		-

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE REAL TITLE CLOSING SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE REAL TITLE CLOSING SERVICES		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on09/10/2019	and assigned
Florida document number <u>L19000228661</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	350 Lincoln Road, Floor 2, Ur	nit #351
(Principal office address MUST BE A STREET ADDRESS)	Miami Beach, FL 33139	
Enter new mailing address, if applicable:	PO BOX 530316	2024 FEB
(Mailing address MAY BE A POST OFFICE BOX)	Atlanta, GA 30353-0316	HAS S A 15
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:	······································	
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zıp 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 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	DALY, SEAN	400 NW 26TH ST	□Add
		MIAMI, FL 33127 UN	X]Remove
			(] Change
Member	One Real Title Inc	350 Lincoln Road, Floor 2, Unit #351	<b>X</b> lAdd
		Miami Beach, FL 33139	Remove
			Change
	<del></del>		[]Add
			🗆 Remove
			Change
			□Add
		<del></del>	Remove
			□Change
			□Remove
			□Change
			🗆 Add
			□Remove
			Change

). If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effect Note: If	e date, if other than the date of filing:
f the record ecord is file	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 d.
Dated _	February 2 . 2024 .
	/s/ Caitlin Lazarus Signature of a member or authorized representative of a member
	Caitlin Lazarus, Attorney-in-Fact Typed or printed name of signee

Filing Fee: \$25.00