L20000030117

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COVER LETTER

Division of C			
Apiary T	itle, LLC		
SUBJECT:	Name of L	imited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are st	ubmitted for filing.	
	oondence concerning this matte	_	
	Jarrod Etheridge		
		Name of Person	
	Your Title Group, LLC		
		Firm/Company	
	12301 Lake Underhill Rd	I., Suite 213	
	•	Address	
	Orlando, FL 32828		. 23
	Jetheridge@therorlandolay	City/State and Zip Code	tification)
	E-mail address:	(to be used for finure annual report no	tification)
For further information	concerning this matter, please (cail:	
Jarrod Etheridge		407 512-4394 x	132
Name (of Person	at () Area Code Daytin	nc 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration ! Division of C		Registration Se	ction
P.O. Box 632	7	Division of Cor The Centre of T	poracions Tallahassee
Tallahassee, I	FL 32314		e Street Suite 810

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Apiary Title, LLC		
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L20000030117		and assigned
This amendment is submitted to amend the following:	 .	
A. If amending name, enter the new name of the lim	uited liability company here:	
Your Title Group ALC		~ >
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the	abbreviation I.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	72
		PH12: 09
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BON)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, enter the na	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	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

Title	<u>Name</u>	Address	Type of Action
MGR	Jarrod Etheridge	12301 Lake Underhill Rd., Suite 213, Orlando, Fl	
			□Remove
MGR	Angela Rodriguez	20168 Quarterly ParkwayOrlando, Fl. 32833	□Change
			Remove 22 Qhange
MGR	Michael Acosta	12301 Lake Underhill Rd., Suite 213, Orlando, FL	328: 33 I
			
			□Remove
			□Change
			DAdd
			-
			_ □Remove
			_ 🗆 Change

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record specifies a delayed is filed.							day after the
ated	<u></u>	2024	·				
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/	/ Cinnut						