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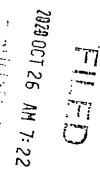
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DEC 0 4 2020

S. YOUNG

COVER LETTER

то:	Registration Section Division of Corporations
SUBJE	CT: CUSTOM TITLE LLC Name of Limited Liability Company
The enc	fosed Articles of Amendment and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	FOZIA S. SIPOIRI
	Name of Person
	CUSTOM TITLE: LLC Firm/Company
	13282 BLUE DIAMOND PLACE
	WELLINGTON FL 33414 City/State and Zip Code
	Fozia, Sicidiai 97@ gmail. Com E-mail address: (to be used for findire annual report notification)
For furt	her information concerning this matter, please call:
For	Name of Person at (786) 2619-0196 Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
当 \$25	.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

Street Address: 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

CUSTOM TITLE,	ートし			13 ⁵ 년 2	1
(Name of the Limited L. (A F	iability Compa Iorida Limited L	ny as it now appears on liability Company)	our records.)	70 C T	III
		•		三	
The Articles of Organization for this Limited Liabil	lity Company	were filed on 📗 🔀	28 202	30: and a	ssigned
Florida document number <u>L 20000034</u>	513	•	ı	: 2	
<u> </u>	·				
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liabi	lity company here:			
_					
REALT WORLD BOLD, The new name must be distinguishable and contain the words	Ni imitand Lindail	in C		d 1.1	
The new name must be distinguishable and contain the words	Limited Liabii	ity Company, the design	iation LLC ort	ne aboreviation **	LataC.
Enter new principal offices address, if applicable	2:				
(Principal office address MUST BE A STREET A	DDRESS)				
Enter new mailing address, if applicable:		9314 10	REST H	MIL . 131.	210.井(
	v n	9314 TO WELLINGT	- 1 F	33/Li	<u> </u>
(Mailing address MAY BE A POST OFFICE BO)	Δ	Voltaine !!	00, 1 L	<u> </u>	
D. If amonding the registered point and/or registered	stand office o	44			
B. If amending the registered agent and/or regis agent and/or the new registered office address he		aaress on our recor	as, <u>enter the</u>	name of the ne	ew registere
Name of New Davistand Acous					
Name of New Registered Agent:		_			
New Registered Office Address:	1314 F	DEST HILL	13LVD	· + 600	<u> </u>
		Enter Florida s	treet address		
Y	NELLIN	KITON	, Florida	33411	.
		City		Zip Code	P

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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
		·	□Change
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			□Add
			Remove
			□ Change

	
Note:	tive date, if other than the date of filing: 1013 202 (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the reco	rd 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 iled.
Dated	OCTOBER 13th . 2020.
	Signature of a member or authorized representative of a member
	FOZIA S. SIDDIGI Typed or printed name of signee