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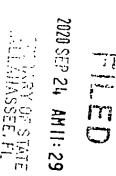
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COVER LETTER

egistration Sec ivision of Corp			
	Agency, LLC	•	•
Γ:	Name of Limit	ted Liability Company	
sed Articles of a	Amendment and fee(s) are subr	nitted for filing.	
	Britan McIlvee		_
		Name of Person	
	Select Title Agency		
		Firm/Company	
	394 S. Atlantic Ave		
		Address	
	Ormond Beach, FL 32176		
		City/State and Zip Code	
	britan@mytitleagent.com	Leaf far farmer annual report n	atilication
er information c			ouncus)
clivee		386 446-8840	
Name o	f Person	Area Code Dayı	time Telephone Number
is a check for the	ne following amount:		
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)
		Street Address: Registration	
		Division of C	Corporations
			f Tallahassee hroe Street, Suite 810
	Select Title Select Title Sed Articles of A arn all correspond Name of the select for the select fo	Select Title Agency, LLC Select Title Agency, LLC Name of Limit Name of Limit Sed Articles of Amendment and fee(s) are subrarn all correspondence concerning this matter to Britan McIlvee Select Title Agency 394 S. Atlantic Ave Ormond Beach, FL 32176 britan@mytitleagent.com E-mail address: (interpretation of the concerning this matter, please can be compared to the concerning this matter, please can be concerning this matter, please can be compared to the concerning this matter. So Filing Fee	Select Title Agency, LLC Name of Limited Liability Company

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Select Title Agency, LLC			
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)		
The Articles of Organization for this Limited Liability Comprocess Florida document number L20000102461	pany were filed on 4/14/2020	and as	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	abbreviation "I	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>	7020	

Enter new mailing address, if applicable:		<u> </u>	esemb
(Mailing address MAY BE A POST OFFICE BOX)		SSE S	
		72	.
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the na</u>	me of the n	ew register
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City	Zip Cod	Ľ

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	PAMELA CAPELA	5070 N. OCEANSHORE BLVD.	= Add
		PALM COAST, FL 32137	□Remove
			□Change
			□Remove
			Change
			□Remove
			Change
			SE Remove
			THE LEGISLE CONTRACTOR OF THE PROPERTY OF THE
			□Remove
			□Change
			□Add
			□Remove
			□Change

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4/13/2020		
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing coefficients. If the date inserted in this block does not meet the applicable statutory for the date on the Department of State's records.	(optional) or more than 90 days after filing.) Pursu iling requirements, this date will n	ant to 605.0207 of be listed as
record specifies a delayed effective date, but not an effective time, at 12:01 a. I is filed.	m. on the earlier of: (b) The 90th	day after the
ated September 11 2020		
the Transition -	_	

Filing Fee: \$25.00