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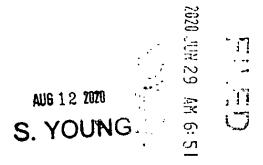
(Re	questor's Name)	
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

SURJECT: Z.R.	A title & A	logus. LLC.	
30Bilet	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	3nyder	ORTIZ	
	Division of Corporations SHECT: ZRA TITLE FLOQUIS, LLC. Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. see return all correspondence concerning this matter to the following: 3		
	ERA-Til	le & Loons. Lo	Le
		• •	
	9100	Address /	vindermera RA
	Windermer	City/State and Zip Code	5, suite 200
	5ny Cler OC / E-mail address: (to be used for future annual report notif	ication)
For further information co	oncerning this matter, please co	all:	
3nyder a	irtiz	a1(888) 809-	5646
/ Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
☐ \$25.00 Fiting Fee		Certified Copy	Certificate of Status & Certified Copy
Registration S	Section	Registration Sec	
Division of C	orporations	Division of Corp	porations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ERA Title ?	20045.26c	7	
(Name of the Limited (A	Liability Company as it now appears on ou Florida Limited Liability Company)	r records.)	
The Articles of Organization for this Limited Liab Florida document number <u>LZ 00601/5</u>	oility Company were filed on _04/	$\frac{\sqrt{28/20}}{\sqrt{28/20}}$ and assigned	
This amendment is submitted to amend the follow	ring:	6:5	
A. If amending name, enter the new name of the	he limited liability company here:	· •	
Enter new principal offices address, if applicab (Principal office address MUST BE A STREET)			-
Enter new mailing address, if applicable:			_
(Mailing address MAY BE A POST OFFICE BC	<u></u>		-
B. If amending the registered agent and/or reg agent and/or the new registered office address l	istered office address on our records here:	, enter the name of the new registe	<u>rec</u>
Name of New Registered Agent:			-
New Registered Office Address:	Enter Florida stree	et address	•
		, Florida	_
	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** Name 1 Address **Type of Action** MBR 3 MYCOR OFTIZ 9100 LORROY WINDOWNERE RIANDO **Z**Remove □Change MGR Anthony Bailay 9100 conRay Windownere, Flando Windownere, Flando ORemove _____ □Change _____ □ Add _ □Change ____ Remove _____ Change □Remove

_____ □Change

11 2	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an Not	effective date, if other than the date of filing:
he rec	cord 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 filed.
Date	Signature of a member or authorized representative of a member 3 n y do ORT 13
	Enully Ach
	Signature of a member or authorized representative of a member
	3nydor ORTIZ Typed or printed name of signee

EU E CASAA