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(Requestor's Name)	
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(Business Entity Name)	
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COVER LETTER

	Registration Se Division of Cor			,
0000		e. LLC - MGR Addition		
SUBJEC	,T;	Name of Lim	ited Liability Company	
The encl	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Shawuki G. Hilton		
			Name of Person	
		Kinetic Title, LLC		
			Firm/Company	
		100 S Ashley Drive Suite	500	
			Address	
		Tampa, FL 33602		
			City/State and Zip Code	
		info@kinetictitle.com		
			to be used for future annual report noti-	ication)
For furth	er information c	oncerning this matter, please c	all:	
Shawuk	i G. Hilton		813 955-2631 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	t is a check for th	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 enolosed)
	<u>Mailing Addres</u> Registration S Division of C P.O. Box 632	Section Corporations	<u>Street Address:</u> Registration Sec Division of Cor The Centre of T	porations

P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kinetic Title, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on	_ and assigned
Florida document number L20000123212	Ť

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

		21	
Name of New Registered Agent:			61
New Registered Office Address:		 	
	Enter Florida street address	\triangleright	
	, Florida		
· · · · · · · · · · · · · · · · · · ·	City	Zip <u>z</u> tode	-

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>	Name	Address	Type of Action
MGR	Aysha Ible	100 S Ashley Drive	Add
		Suite 600	□Remove
		Tampa, FL 33602	🗆 Change
MGR	Rebecca Alshefski	100 S Ashley Drive	≣Add
		Suite 600	□Remove
		Tampa, FL 33602	Change
			🗆 Add
			🗆 Remove
			□Change)
		-	
			\sim Change
<u></u>		<u></u>	🗆 Add
			🗆 Remove
			Change
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			Change

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(If an ef Note:	fective date is listed, the date must be specific and energy to date of filing or more than 90 days after filing.) Pursuant to 605		
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