120000 140 657

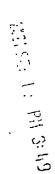
(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Ви	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200369808352

09/17/21--01015--024 **25.00



1/20/12 R

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations				
Lendonia L	.I.C				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Marek Loza				
		Name of Person			
	Loza Law LLC				
		Firm/Company			
	2340 S. River Road, Suite	120			
		Address			
	Des Plaines, IL 60018				
		City/State and Zip Code			
	mloza@łozaław.com				
		to be used for future annual report noti	fication)		
For further information of	concerning this matter, please co	all;			
Marek Loza		847 297-9977 at ()			
Name o	of Person	Area Code Daytin	ne 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 Addre		Street Address:			
Registration		Registration Se			
Division of C P.O. Box 632		Division of Cor The Centre of 1	-		
1.0.004.004	- •	The Centre Of	· · · · · · · · · · · · · · · · · · ·		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab (A Flor	oility Company as it now appeared a Limited Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Liability Florida document number	Company were filed on _	May 22, 2020	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company h	<u>iere</u> :		
Accord Title LLC				
The new name must be distinguishable and contain the words "I	limited Liability Company," the	designation "LLC" or the ab	previation "L.L.C."	
Enter new principal offices address, if applicable:	2340 S. River	Road		
(Principal office address MUST BE A STREET ADD	DRESS) Suite 120	Suite 120		
	Des Plaines, II	_ 60018		
Enter new mailing address, if applicable:	2340 S. River	Road		
(Mailing address MAY BE A POST OFFICE BOX)	Suite 120			
	Des Plaines, II	. 60018		
3. If amending the registered agent and/or registe agent and/or the new registered office address here		records, <u>enter the nam</u>		
Name of New Registered Agent:			2.5. C. S.	
New Registered Office Address: 491	7 Sabal Lake Circle		3	
	Enter Flo	orida street address	• • •	
Sar	asota	, Florida <u></u> ,	238-4459	
-	City		کن Zip Code	
New Registered Agent's Signature, if changing Registo	ered 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
			□ Add
		 	□Remove
			①Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□ Change

	 _					
						
	_					
					· · · · · · - · -	
		-				
						
	 				· · ·	
		.				
	 		<u>-</u>			
f an effective <u>Note:</u> If the	ate, if other than the date of date is listed, the date must be spec- date inserted in this block doe, effective date on the Departme	ific and cannot be prior to s not meet the applica		nore than 90 days after		
e record spec ed is filed.	cifies a delayed effective date, b	out not an effective ti	me, at 12:01 a.m.	on the earlier of: (b	o) The 90th day afte	r the
	September 11	2021	- []			
Dated			MA	1		
Dated			M/V	e of a member		
_		re of a member or autho	Mhv orized representativ			

. . . .

Filing Fee: \$25.00