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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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OF STALE AND STALE ALLIANASSEE CLOSES

Office Use Only

JUN 2 0 2022 S. PRATHER

| u | alch Ti | tio and Clasina LLC | | | |
|-------------------------|----------|--|---|---|-------------|
| SUBJECT: | | tle and Closing LLC | | | |
| | | Name of Lii | mited Liability Company | | |
| The enclosed Ar | ticles o | of Amendment and fee(s) are sui | bmitted for filing. | | |
| Please return all | corres | pondence concerning this matter | r to the following: | | |
| | | Casey Cole Vieira | | | |
| | | | Name of Person | | |
| | | Walsh Title and Closing L | not and fee(s) are submitted for filing. Incerning this matter to the following: Cole Vieira Name of Person Title and Closing LLC Firm/Company /ater Street Third Floor Address edford, MA 02740 City/State and Zip Code ns@walshtc.com E-mail address: (to be used for future annual report notification) | | |
| | | | Firm/Company | | |
| | | 72 N Water Street Third F | loor | | |
| | | | Address | | |
| | | New Bedford, MA 02740 | | | |
| | | operations@walshtc.com | City/State and Zip Code | | |
| | | E-mail address: (| to be used for future annual report not | ification) | |
| For further inform | nation | concerning this matter, please ca | all: | | |
| Casey Cole Vieir | a | | | | |
| | Name (| of Person | | ne Telephone Number | |
| Enclosed is a chec | k 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) | S60.00 Filing Certificate of Certified Co (additional cop | of Status & |

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

TO ARTICLES OF ORGANIZATION **OF**

| Walsh Title and Closing LLC | | PR 2 |
|--|---|-----------------------|
| (Name of the Limited Liability Compan (A Florida Limited Li | y as it now appears on our records.) | |
| (A Florida Limited Li | ability Company) | 두 를 모 |
| The Articles of Organization for this Limited Liability Company was Florida document number L20000299962 | vere filed on 9/23/2020 | FLORD 7: |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabili | ity company here: | |
| Whaling City Title and Closing LLC | | |
| The new name must be distinguishable and contain the words "Limited Liability | v Company " the designation "LLC" or the abbr | eviation "L. I. C." |
| 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 adeagent and/or the new registered office address here: | dress on our records, enter the name | of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | | |
| | , Florida | <u>_</u> |
| | 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

Zip Code

| MGR = M $AMBR = A$ | Annager Authorized Member | | |
|--------------------|------------------------------|-------------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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or removed from our records:

| Effective date, if other than the date of filing: An effective 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 or more than 90 days after filing.) Pursuant to 605.0207 Lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as socument's effective date on the Department of State's records. Tecord 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 dis filed. April 20 Signature of a member of authorized representative of a member Casey Cole Vieira Typed or printed name of signee | | | | | | | | |
|--|--|-----------------|---------------------------------------|----------------------|--------------------|----------------|-----------------|---------------|
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Filing Fee: \$25.00