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(Requestor's Name)	
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COVER LETTER

TO:

Registration Section **Division of Corporations**

P.O. Box 6327

Tallahassee, FL 32314

CLOUD TI SUBJECT:	TLE SOLUTIONS LLC	*		
506JEC1.	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:		
	Thomas Heimann			
		Name of Person		
	Cloud Title Solutions LLC			
		Firm/Company		
	1990 Main ST#750			
		Address		
	Sarasota, FL 34236			
		City/State and Zip Code		
	thomas.heimann@cloudtitle			
	E-mail address: (to be used for future annual report no	lification)	
For further information of	oncerning this matter, please c	all:		
Thomas Heimann		941 704-8993 at ()		
Name o	f Person	Area Code Daytii	ne Telephone Number	
Enclosed is a check for the	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 tadditional copy is enclosed)	
Mailing Addres		Street Address: Registration So	ection	
Registration Section Division of Corporations		Division of Co		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLOUD TITLE SOLUTIONS LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on 10/07/2020	and assigned
florida document number 1.20000317118		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		5 91 (0.7
		7.
nter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
		02
3. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	ida
	City	Zip Code

aw Registered Agent's Signature, if changing Registered Agent:

nereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CHERYL A. WORK	7004 Tavistock Lakes Blvd, Apt 804	≣ Add
		Orlando, FL 32827	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Change
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			□Remove
			□Change

Effective date, if other than the date of filing:	_						
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