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Trusted Title of Florida LLC	Art of Inc. File ETD Partnership File
	ETD Partnership Ed.
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	Foreign Corp. File
	LC. File
	Fictitious Name File
	Trade/Service Mark
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	Annual Report / Reinstatement
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	Certificate of Status
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Date time	UCC Retrieval
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COVER LETTER

	egistration Sect ivision of Corpo			
CHDIECT	TRUSTED 1	ITLE OF SOUTH FLORIDA	LLC	
SUBJECT	·	Name of Limit	ted Liability Company	·
The enclos	ed Articles of Ar	mendment and fee(s) are subn	nitted for filing.	
Please retu	m all correspond	lence concerning this matter to	o the following:	
Division of Corporations TRUSTED TITLE OF SOUTH FLORIDA LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Chad Muney Name of Person TRUSTED TITLE OF SOUTH FLORIDA LLC Firm/Company 2400 E Commercial Blvd Address Fort LAuderdale FL 33308 City/State and Zip Code crun@cmlawpilc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Chad Muney 954 776-3819 Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\begin{align*} 252.00 \text{ Filing Fee} \text{ Daytime Telephone Number} \text{ Certificate of Status & Certified Copy} (additional copy is enclosed) Certified Copy} Certified Copy Certified Copy				
			Name of Person	
		TRUSTED TITLE OF SOU	TH FLORIDA LLC	
			Firm/Company	
		2400 E Commercial Blvd		
			Address	
		Fort LAuderdale FL 33308		
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Chad Mun				9
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\$25,00	Filing Fee		Certified Copy	Certificate of Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRUSTED TITLE OF SOUTH FLORIDA 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 10/19/2020 ____ and assigned Florida document number _L20000330892 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TRUSTED TITLE OF FLORIDA LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing uddress MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

, Florida .

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 = A	Authorized Member		
Title	<u>Name</u>	Address	Type of Action
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			□ Remove
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Typed or printed name of signee

Filing Fee: \$25.00