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Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

TRUSTED TITLE OF 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 Firm/Company 2455 E SUNRISE BLVD, SUITE 200 Address FORT LAUDERDALE, FL 33304 City/State and Zip Code cmm@cmlawpilc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Chad Muney Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A DOMEST E	TO	
ARTICLE	S OF ORGANIZATION OF	2025 JA FILE
		SEGN 24 0
TRUSTED TITLE OF FLORIDA LLC		
(Name of the Limited Liab) (A Flori	lity Company as it now appears on our re da Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability	Company were filed on October 19, 2	2020 and assigned
Florida document number	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
Banyan Title LLC		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADD	ORESS)	
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register		enter the name of the new registere
agent and/or the new registered office address here	:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street i	address
		_, Florida
	City	Zip Code
	red Agent:	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered age.		

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
			□Add
			□Remove
			☐ Change
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an effec	e date, if other than the date of filing: (optional) tive 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 605.03
<u>ote:</u> If	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed not's effective date on the Department of State's records.
	To the state of the Bayaranon of State a records.
record	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
is file	d.
ated _	1/22, 2025
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00