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	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
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Special Instructions to	Filing Officer:

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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: FEM	Enterprise	S. FWB, LLC	
	Amendment and fec(s) are sub		
		D. Fretwell Name of Person	
		Firm/Company	
	465 La	Keview Drive	
	<u>Defuniak</u>	Springs FL City/state and Zid Code	32433
	Fretue! E-mail address: (1	line @ protor	imail. Com
For further information cor	ncerning this matter, please ca	aft:	
Jeremy I). Fretwell	at (850) 830 Area Code Daytime	3008 Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
N		Chuart & dduarn	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

9	
(Name of the Limited Liability Compa (A Florida Limited I	2023 MAY 15 PM 3: 4, III HOW APPEARS ON OUT TECOTOS.) Clability Company)
The Articles of Organization for this Limited Liability Company	were filed on 11/30/2020 and assigned
Florida document number L 20000375308	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Connect Title Agence	cu. 1 LC
The new name must be distinguishable and contain the words "Limbed Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	465 Lakeview Drive
(Principal office address MUST BE A STREET ADDRESS)	Defunia X Springs FL 32433
	7
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	465 Lakeview Drive Defuniax Springs FL 32433
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: Marsh	na J. McCombs
New Registered Office Address: 322 E	Enter Florida street address
Crest	VIEW Florida 32536 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.

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 = M $AMBR = A$	lanager uthorized Member		V
Title	<u>Name</u>	Address	Type of Action
			□Add
			Remove
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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to the second second meet the applicable ment's effective date on the Department of State's records.	(optional) date of filing or more than 90 days after filing.) Pursuant to 605.0 le statutory filing requirements, this date will not be listed
cord specifies a delayed effective date, but not an effective time filed.	s, at 12:01 a.m. on the earlier of: (b) The 90th day after t
ed May 4, 2023	
10m	***
Signature of a pember or authorize	

Filing Fee: \$25.00