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COVER LETTER

William Ra	William Raveis Bryant Title, LLC				
30 3 0 2 01.	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Elizabeth Bennett				
		Name of Person			
	William Raveis RE				
		Firm/Company			
	36 Center Square				
		Address			
	East Longmeadow, MA 0	1028			
		City/State and Zip Code			
	elizabeth.bennett@raveis.c				
		to be used for future annual report no	tification)		
For further information of	concerning this matter, please o	all:			
Elizabeth Bennett		617 680-5344 at ()			
Name o	f Person		ne Telephone Number		
Enclosed is a check 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)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

TO:

Registration Section Division of Corporations

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

William Raveis-Bryant Title, LLC

(Name of the Limited Liability Com (A Florida Limite	i <mark>pany as it now appears on our records.</mark>) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on 12/22/2020	and assigned
Florida document number L21000001816		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Bryant Title, LLC		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the abi	previation "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 address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, enter the name	of the new registered
and the new registered office and rest there.		<u> </u>
Name of New Registered Agent:		
		1
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Ager	Ť	Co Co
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	— gree to act in this capacity. I further agr te performance of my duties, and I am fo s provided for in Chapter 605, F.S. Or,	umiliar with and if this document is

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
			□Add
			□Remove
			□Change
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ffective date, if other than the an effective date is listed, the date mulote: If the date inserted in this bocument's effective date on the I	st be specific and cannot ock does not meet the	applicable statu			
record specifies a delayed effecti d is filed.	e date, but not an effe	ective time, at 12	:01 a.m. on the ear	lier of: (b) The 90th	day after the
February 8	2021	l 			
	TICACK	h Sen	net		
	<u> </u>				
	Signature of a member	or authorized repr	esentative of a memb	er	

Filing Fee: \$25.00