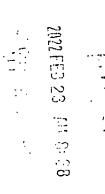
## L2100005357B

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243	
333 Title LLC L21000053578	ument Number, (if known):
Walk in Mail out	Pick up time Will wait
Photocopy  Certified Copy of Articles of Organization	
Certificate of Status  NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other CORP	XAmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual ReportFictitious NameAPOSTIL Country	Foreign filingLimited Partnership Reinstatement Statement of Revocation of DissolutionOther

EXAMINER'S INITIALS:\_\_\_\_

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINER'S INITIALS:\_\_\_\_

PLEASE USE FUNDS FROM ACCT: 1202 AUTHORIZATION SIGNATURE:	
Business Name	ZATION SIGNATURE:
Walk in Mail out	<del></del>
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Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other CORP	Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report Fictitious Name	Limited Partnership
APOSTIL Country	Statement of Revocation of Dissolution

## 

TO: Registration S Division of Co				
333 Title 1	.LC			
<u></u>	Name of Lim	ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Oguzhan O Kasar			
		Name of Person		
	333 Title LLC			
		Firm/Company	<del></del>	
	Name of Limited Liability Company  closed Articles of Amendment and fee(s) are submitted for filing.  Peturn all correspondence concerning this matter to the following:  Oguzhan O Kasar  Name of Person  333 Title LLC  Firm/Company  1801 Lee Rd, Suite 100  Address  Winter Park, FL 32789  City/State and Zip Code onur@alonfinance.com  E-mail address: (to be used for future annual report notification)  ther information concerning this matter, please call:  BARUA  888  Area Code  Daytime Telephone Number  at is a check for the following amount:  Considered as a check for the following amount:			
		Address		
	Winter Park, FL 32789			
		City/State and Zip Code	, <u></u>	
			<del> </del>	
	E-mail address: (	to be used for future annual report notif	fication)	
For further information	concerning this matter, please ca	all:		
LURA BARUA	· · · · · · · · · · · · · · · · · · ·			
Name	of Person	Area Code Daytime	e Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee		Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

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

DocuSign Envelope ID: 17045252-7247-42B2-B387-FC0A19E785B9

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

333 Title LLC					
(Name of the Limited Liability Co. (A Florida Limi	mpany as it now appears on our re ted Liability Company)	ecords.)			
The Articles of Organization for this Limited Liability Compa	any were filed on 01/29/2021	and assigned			
Florida document number L21000053578					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited l	iability company here:				
SOLO TITLE LLC					
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation	"LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	1801 Lee Rd Suite 100				
Principal office address MUST BE A STREET ADDRESS	Winter Park, Fl 32789	72			
	<del></del>	- B 2			
Enter new mailing address, if applicable:	1801 Lee Rd Suite 100	دی 			
Mailing address MAY BE A POST OFFICE BOX)	Winter Park, Fl 32789				
		. )			
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:  Name of New Registered Agent:	ce address on our records, <u>e</u>	73			
N D : 1801 Lee R	d Suite 100				
New Registered Office Address:	Enter Florida street address				
Winter Park	ί,	_, Florida			
	City	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.

DocuSign Envelope ID: 17045252-7247-42B2-B387-FC0A19E785B9
tramenting Authorized rerson(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>	<u>Address</u>	Type of Action
MGR	OGUZHAN O KASAR	1801 Lee Rd Suite 100	DAdd
		Winter Park, Fl 32789	□Remove
			<b>■</b> Change
MGR	JASON HAYES	1801 Lee Rd Suite 100	
		1801 Lee Rd Suite 100	Remove
			■ Change
	<del></del>		
			7072 Remove 23 □ Change
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fective date, if other than the date of an effective date is listed, the date must be specified: If the date inserted in this block does cument's effective date on the Departmen	not meet the appli	icable statutory I	or more than 90 Tling requiren	(optional) days after filing.) nents, this date	Pursuant will not b	to 605.0. e listed
ecord specifies a delayed effective date, but is filed.	it not an effective	time, at 12:01 a	m. on the ear	lier of: (b) The	e 90th day	y after t
rted		·				
Cuple	e of a member or aut			<u> </u>		