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C. BRUMBLEY JUN 3 0 2022

COVER LETTER

Division of Cor					
SUBJECT:	Mudern-	Title + FSCrow	LIC		
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Chi	RIStine Canady Name of Person	/		
		Firm/Company			
	815 (Beachland BIV	d.		
	Veroi	Beach, FL 329	43		
	Chrissy C	Blach, FL 329 City/State and Zip Code Lanady C + CSeth to be used for Juture annual report notifi	lement. Com		
For further information c	oncerning this matter, please c				
Christin Name o	e Canady f Person	at (772) 299. Area Code Daytime	-5022 Telephone Number		
Enclosed is a check for the	ne following amount:				
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres Registration S Division of C	Section	<u>Street Address:</u> Registration Sec Division of Corp			
P.O. Box 632		The Centre of Tallahassee			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Modern Title	· ESCROW LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2/00060182</u>	were filed on $02/03/2$	021_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u> N/A	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	N/A	2022 H
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	TILED
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:	N/A	
New Registered Office Address:	Enter Florida street address	
	, Florid	la
	Сиу	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.

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

Title	Name	Address	Type of Action
MGR	David E. Wierzbick	815 Beachland BIVD	-
		Vero Black, FL 3296	3 Remove
			□Change
MGR	Abract Managemer	+ 45 Commerce Drive	2 NAdd
	ASSOCIATIS LLC.	T 45 Commerce Drive Nyomissing PA 1961	<u> 0</u> □Remove
	LLC		□Change
			🗆 Add
			□Remove
			□Change
			🗀 Add
			□Remove
			DChange
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Note: Il i	date, if other than ve date is listed, the date he date inscreed in thi 's effective date on th	is block does n	iot meet the app	licable statutory	or more than 90 of filing requirem	_ (optional) days after filing.) I ents, this date w	ursuant to 605.0207 (ill not be listed as th
he record spord is filed.	ecifies a delayed effe	ctive date, but	not an effective	time, at 12: 0 1 a	.m. on the earli	er of: (b) The	90th day after the
Dated	Nlay 4+	12	208	Winniged Tepresenti	hlive of a member		
		Jig.more 0	MUNICITY III	WIERZ		•	

Filing Fee: \$25.00