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SECRETARY OF STATE

COVER LETTER

TO: Registration So Division of Cor		·			
TITLE CO.	MPANY LLC	•			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing			
	ondence concerning this matter	_			
•					
	KENNETH WOLF				
		Name of Person		. S. 29.	
	TITLE COMPANY AGES	NCY LLC		21 Ja	
	, , , , <u>, , , , , , , , , , , , , , , </u>	Firm/Company		12	-
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		City/State and Zip Code		_ 1.1	
	KENNETH_WOLF@OUT				
For further information c	oncerning this matter, please c	to be used for future annual report noti all:	псацопу		
KENNETH WOLF	,	305 988-96666			
Name o	f Person	at () Area Code Daytim	e Telephone Numbe	·r	
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	
Mailing Addres		<u>Street Address:</u>			
Registration S		Registration Sec			
Division of Corporations P.O. Box 6327		Division of Cor The Centre of T			
Tallahassee, l		2415 N. Monro		310	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TITLE COMPANY LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 05, 2021 and assigned Florida document number L21000156319 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TITLE COMPANY AGENCY LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevialized "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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

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
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