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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

Fram:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EXPETITLE QUALITY CLOSINGS, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3 ,			
Expetitle Quality Closings, LLC			
·	ted Liability Company	as it now appears on our records.) offiny Company)	
	(A Florida Limited Lian	othy Company)	
The Articles of Organization for this Limited L	iability Company we	ere filed on July 2, 2021	and assigned
Florida document number L21000305508	·		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	f the limited liability	y company here:	
The Real Title Open Agency, LLC			
The new name must be distinguishable and contain the v	words "Limited Liability	Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:		
(Principal office address MUST BE A STREI	_		
[Frincipal office uniness most be A STREE	<u>. 1 ADDRI.33)</u> _		
	-		
Fatan and mailing address if and inchis.			
Enter new mailing address, if applicable:	_		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
	-		
			4 5. 22
B. If amending the registered agent and/or agent and/or the new registered office addre		lress on our records, <u>enter the</u>	<i>~</i>
agent annum the new registered office addre	as here.		· · · ·
Name of New Registered Agent:	C T Corporation S	ystem	331
New Registered Office Address:	1200 South Pine Is		FLORIDA 3334-L
		Enter Florida street address	
	Plantation	Florid:	
	-	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.

Stephane Honey

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□ Петюче
			□Change
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Effective date, if other than the	e date of filing:	(optional)
(If an effective date is listed, the date mu <u>Note:</u> If the date inserted in this b document's effective date on the I	lock does not meet the applicab	date of filing or more than 90 days after filing.) Pursuant to 605.0207 le statutory filing requirements, this date will not be listed as
he record specifies a delayed effecti ord is filed.	ve date, but not an effective time	e, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated August 30	2022	<u>.</u> .
/s/ Scan C. Daly		
	Signature of a member or authori-	zed representative of a member

Typed or printed name of signee