L21000398703

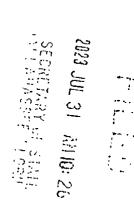
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COVER LETTER

Registration Section Division of Corporations

TO:

Scagate Tit	de & Escrow, LLC		
SUBJECT:	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:	
	Michael Todd, Esq.		
		Name of Person	
	Seagate Development Gro	up. LLC	
		Firm/Company	
	9921 Interstate Commerce	Drive	
		Address	
	Fort Meyers, FL 33913		
		City/State and Zip Code	
	mtodd@seagatedevelopmer	ntgroup.com	
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Michael Todd, Esq.		469 307-9925 at ()	
Name o	f Person		ne Telephone Number
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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee be Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Seagate Title & Escrow, LLC			
(Name of the Lin	mited Liability Com (A Florida Limite	pany as it now appears on our record d Liability Company)	<u>(1s.</u>)
The Articles of Organization for this Limited Florida document number L21000398703			
This amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Lial	bility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if appl		N/A	
(Principal office address MUST BE A STRE	EET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)		
			202
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office ress here:	address on our records, <u>enter</u>	the name of the new registe
Name of New Registered Agent:	N/A		
New Registered Office Address:			33 8
New Registered Office Address.			المحاسبة المراث
New Registered Office Address.		Enter Florida street address	المحادث المراث
New Registered Office Address.			المحادث المراث

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with t 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 herson(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Manager	Eric B. Feldman	9921 Interstate Commerce Dr., Fort Myers, FL 33913	_ 🗆 Add
			_ ■Remove
			_ 🗆 Change
Manager	Michael Todd	9921 Interstate Commerce Dr., Fort Meyers, Fl. 3391	3 _ ■ Add
			_ □Remove
			_ Change
			_ 🗆 Add
			_ □Remove
			_ 🗆 Change
			_ □Add
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Effective date, if other than the data an effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Department.	e specific and cannot be does not meet the	applicable statutory	g or more than 90 days af filing requirements, t	tional) ter filing.) Pursuant to 605 his date will not be liste	i.0207 ed as
e record specifies a delayed effective of distilled.	late, but not an effec	ctive time, at 12:01	a.m. on the earlier of:	(b) The 90th day after	r the
Dated	2023	·			
	unature of a member	or authorized represer	tation of a manch and		
31	Sugraic of a member (or aumorized represer	tanve of a member		

Filing Fee: \$25.00