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2022 SEP 16 PM 4: 28 SECRETARY OF STATE TALLAHASSEF FI

COVER LETTER

Division of C	Corporations	
consuct. Mil	lennia Title Services, LLC	
SUBJECT:	Name of Lin	nited Liability Company
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.
Please return all corre	spondence concerning this matter	to the following:
		Ç
	Maurice Fren	nch
		Name of Person
	Millennia Tit	de Services, LLC
		Firm-Company
	4700 Mille	mia Blvd #180 Orlando FL 32839
		Address
	Oria	indo, FL 32839
		City/State and Zip Code
		(g)dmhnetwork.com
		(to be used for future annual report notification)
for further interniation	n concerning this matter, please c	
Maurice French		at (407) 577-4077 TO SEP Area Code Daytime Telephone Number LARY SEP 16
Nam	e of Person	Area Code Daytime Telephone Number
Enclosed is a check fo	r the following amount:	ASSET P
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificate of Seals &
		(additional copy is enclosed) Certified Copy (additional copy is enclosed)
		4.
Neuman e a c		Street Address of
<u>Mailing Add</u> Registratio		Street Address: Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FI. 32314

TO: Registration Section

Registration Section
Division of Corporations
The Centre of Taliahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Millennia Title Services LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	v were filed on11/23/2021	and assigned
Florida document number 1.21000501727		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "Li.C" or t	he abbreviation "f. L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		TO S
		表示
Enter new mailing address, if applicable:		- 300 P
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	mo_F
		1''
B. If amending the registered agent and/or registered office 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:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	
	Cit _y	$Zp \in \omega$

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

<u>Title</u>	Name	Address	Type of Action
MGR	DeMo Holdings, LLC	4700 Millenia Blvd #180	T'Add
		Orlando, FL 32839	XIRemeye
			TChange
MGR	Jennifer Gurnett	4700 Millenia Blvd #180	' 'X 4od
		Orlando FL 32839	
		,	DChange
			Add
			SECRETARIA
			SECRETARY OF STATE Change
			I Change
	<u></u>		TAud
			Remove
			Change
			
			- Crappe

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Filing Fee: \$25.00