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COVER LETTER

Division of Corp	oorations		
Apex Title S SUBJECT:	Services of Florida LLC		
Source.	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Brooke Landow Chang		
		Name of Person	
	Apex Title Services of Flor	rida LLC	
		Firm/Company	
	5728 Major Blvd 600		
		Address	
	Orlando, FL 32819		
		City/State and Zip Code	
	brooke@apextitlefl.net		
	E-mail address: (to be used for future annual report notifi	(cation)
For further information co	oncerning this matter, please co	all:	
Brooke Landow Chang		407 716-3512	
Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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

Street Address:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Apex Title Services of Florida 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 $\frac{10/28/2024}{2024}$ and assigned Florida document number L21000526766 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 5728 Major Blvd Suite 600 Enter new principal offices address, if applicable: Orlando FL 32819 (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: Enter Florida street address Florida City 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 likeompty with provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar withound

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 Hahilit.

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Derek Sunderland	1515 Lake Whitney Dr Windermer FL 34786	□Add
			Remove
			Change
AMBR	Yvonne Sunderland	1515 Lake Whitney Dr Windermer FL 34786	🗆 Add
			Remove
			□Change
			🗀 Add
			□Remove
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			□ Change

							
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ocument's effective date (on the Department	t of State's record	18.				
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October 28th		2021	<u></u>			2024 DCT 31	وروسي دروسين
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	Signature	of a member or au	thorized representa	tive of a number	Ho	2:50	-

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Filing Fee: \$25.00