122000034709

(Re	equestor's Name)	
(A	ddress)	,
(A	ddress)	
(C	ity/State/Zip/Phone #)	1
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

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T. MATTHEWS MAR 23 2022

COVER LETTER

	ation Sec 1 of Corp	stion porations		
		ome Title, LLC		
SUBJECT: Name of Limited Liability Company				
The enclosed Art	ticles of a	Amendment and fee(s) are sub-	mitted for filing.	
		ndence concerning this matter	-	
		Matthew D. Morton		
			Name of Person	
		Welcome Home Title, LLC		
		 	Firm/Company	
		5917 Palmettoside Street		
			Address	
		Lithia, Florida 33547		
			City/State and Zip Code	
		welcomehometitle@gmail.c	om o be used for future annual report not	(Gastian)
For further inforr	nation co	oncerning this matter, please ca	·	incation
Matthew D. Mor	ton		850 443-1437	
	Name of	Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a che	ck for th	e following amount:		
■ \$25,00 Filing	g 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)
Registr	Address		<u>Street Address:</u> Registration Se Division of Co	
	ox 6321		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

...

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 !** 14 13 1: 24

Welcome Home Title, LLC		
(Name of the Limited Liability Compan (A Florida Limited Lia	r as <mark>it now appears on our recor</mark> ability Company)	<u>(ds.</u>)
The Articles of Organization for this Limited Liability Company with Florida document number $\frac{L22000034709}{L22000034709}$.	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	v Company," the designation "LL	C" or the abbreviation "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 adagent and/or the new registered office address here: Name of New Registered Agent:	dress on our records, <u>ente</u>	r the name of the new registered
New Registered Office Address:		
	Enter Florida street addre	WS
	City.	lorida
New Registered Agent's Signature, if changing Registered Agent:	Cth	z.p Coae
Thereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, a ovided for in Chapter 605.	und I am familiar with and F.S. Or, if this document is

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
MGR	Morton, Lesly	5917 Palmettoside Street	
		Lithia, FL 33547	■Remove
			Change
AMBR	Morton, Matthew	5917 Palmettoside Street	\ \to Add
		Lithia, FL 33547	■Remove
			■ Change
MGR	Morton, Matthew	5917 Palmettoside Street	■Add
		Lithia, FL 33547	□Remove
			□Change
			□Add
			□Remove
		□Change	
		□Add	
		□Remove	
		□Change	
		□Add	
		□Remove	
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
	
	···
Note:	five date, if other than the date of filing:
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	March 9, 2022
	Signature of a member or authorized representative of a member
	Matthew D. Morton