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2023 JUN 23 PM 1: 0



## **COVER LETTER**

TO:	Registration Se Division of Cor		•	•
CHDIE		e and Escrow, LLC		
SUBJE	C1:	Name of Lin	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Clint Robards		
			Name of Person	
		Capital Title and Escrow,	LLC	
			Firm/Company	- <del></del>
		6734 Forest Hill Blvd		
			Address	
		Greenacres, FL 33461		
			City/State and Zip Code	
		nikkie@capitaltitlepros.com		
Car first	Las is Cassasian a	it-mail address: ( oncerning this matter, please c	to be used for future annual report no	tification)
		oncerning this matter, prease c		
Nikkie I	Robards		954 856-7405 at ()	
	Name o	f Person	Area Code Daytii	me Telephone Number
Enclose	d is a check for th	ne following amount:		
<b>■</b> \$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 Addres Registration S		Street Address: Registration Se	ection
	Division of C		Division of Co	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO

2023 JUN 23 PM 1:00

\_, Florida \_\_\_\_\_\_ Zip Code

Capital Title and Escrow, 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  $\frac{01/28/2022}{1}$ \_\_\_\_\_ and assigned Florida document number L22000050487 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." 6734 Forest Hill Blvd Enter new principal offices address, if applicable: Greenacres, FL 33461 (Principal office address MUST BE A STREET ADDRESS) 6734 Forest Hill Blvd Enter new mailing address, if applicable: Greenacres, FL 33461 (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

## 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.

City

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
AMBR	Niurea Robards	1201 NW 91ST AVENUE	<b>≣</b> Add
		PEMBROKE PINES, FL 33024	□Remove
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