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SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS APR 2 0 2022

COVER LETTER

TO: Registration So Division of Cor				
Convoy Title And Escrow Agency, LLC				
SUBJECT:				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Susan Alderson			
		Name of Person		
	Two Rivers Title Company, LLC			
	•	Firm/Company		
	40 NJ-Rt 36			
		Address	 	
	West Long Branch, NJ 07	764		
		City/State and Zip Code		
	salderson@tworiverstitle.co			
For further information of	E-mail address: (oncerning this matter, please c	to be used for future annual report not	ification)	
Susan Alderson	oncerning and maner, preuse c	732 704-5371		
	216	at ()	- Charles Alexandre	
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration		Street Address: Registration Se	ection	
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee.	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT | LED ARTICLES OF ORGANIZATION **OF**

2022 APR -6 AM 6: 33

Convoy Title And Escrow Agency, LLC

SECRETARY OF STATE

TALLAHASSEE, FL

(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 v	vere filed on $\frac{2/8/2022}{}$	and assigned	
Florida document number L22000091683			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
Convoy Title & Escrow, LLC			
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designat	ion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	-	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ldress on our record	s, <u>enter the name of the new registere</u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	City	, Florida Zip Code	
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 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
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			□Remove
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			□Remove

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	111/2022	
Effective date, if other than the	date of filing: 4/1/2022	(optional)
(If an effective date is fisted, the date must Note: If the date inserted in this blo	be specific and cannot be prior to date of filing or mock does not meet the applicable statutory filing	ore than 90 days after filing.) Pursuant to 605.0207 (3)(g requirements, this date will not be listed as the
document's effective date on the De	partment of State's records.	
ne record specifies a delayed effective ord is filed.	edate, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
, <u>a 15 1110 si</u>		
Dated March 31	2022	
	Susan Alderson Signature of a member or authorized representative	
	Signature of a member or authorized representative	of a member
Susan Alderson		
	Typed or printed name of signee	

FLORIDA DEPARTMENT OF FINANCIAL SERVICES

CONVOY TITLE AND ESCROW AGENCY LLC

326 S. HYDE PARK AVE TAMPA FL 33606 Agency License Number W837887

Issued On 03/14/2022

Full-Time Charge Of A Licensed And Appointed Agent Holding The Required Agent Licenses To Pursuant To Section 626.0428, Florida Statutes, This Agency Location Shall Be In The Active Fransact The Lines Of Insurance Being Handled At This Location. Pursuant To Subsection 626.172(4), Florida Statutes, Each Agency Location Must Display The License Prominently In A Manner That Makes It Clearly Visible To Any Customer Or Potential Customer Who Enters The Agency Location. Jimmy Patronis Chief Financial Officer State of Florida

Winney Fether