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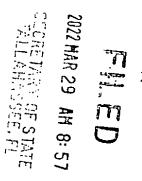
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT: FNF TAME		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	ALISIYA SIDELNIKOVA	A.		
		Name of Person		
	FNF TAMPA LLC			
		Firm/Company		
	5315 E BUSCH BLVD			
		Address		
	TEMPLE TERRACE, FL	33617		
		City/State and Zip Code		
	freshnfun22@gmail.com			
	E-mail address: (	to be used for future annual report not	ification)	
For further information c	oncerning this matter, please ca	all:		
ALISIYA SIDELNIKOVA		727 732-7734		
Name of Person		Area Code Daytin	ne Telephone Number	
Enclosed is a check for th	nc following amount:			
■ \$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		Street Address:	petion	
Registration Section Division of Corporations		Registration Se Division of Co		
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monro	pe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

**FNF TAMPA LLC** 

2022 MAR 29 AM 8: 57

(Name of the Limited Liability Company as it now appears on our records
(A Florida Limited Liability Company) SECRETARY OF STATE
TALLAHASSE and assigned The Articles of Organization for this Limited Liability Company were filed on  $\frac{02/28/2022}{1}$ Florida document number \_\_\_\_\_\_L22000102164 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 "LLC." 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 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: 18003 PINE HAMMOCK BLVD New Registered Office Address: Enter Florida street address LUTZ 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 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
AMBR	UBALDO, AUGUSTO	18003 PINE HAMMOCK BLVD	
		LUTZ, FL 33548	□Кенюуе
			<b>≘</b> Change
AMBR	SIDELNIKOVA, ALISIYA	18003 PINE HAMMOCK BLVD	□ Add
		LUTZ. FL 33548	□Remove
			■Cluange
			□ Add
			□ Remove
			□Change
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			□Remove
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			□Change

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Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this blocument's effective date on the D	ock does not meet the ap	plicable statutory filing	(optional) re than 90 days after filing.) Purso requirements, this date will n	uant to 605.0207 tot be listed as
e record specifies a delayed effectiv rd is filed.	e date, but not an effecti	ve time, at 12:01 a.m. or	n the earlier of: (b) The 90th	day after the
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Datad WIARCH 4151	;			
Dated		//		
Dated	Stelly	Cove		