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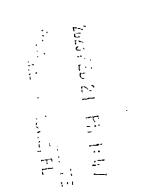
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COVER LETTER

Divi	sion of Co	rporations		
SUBJECT:	Florida Gu	ardian Title & Escrow		
SUBJECT	F-1	Name of Lin	nited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
		ondence concerning this matter	_	
		Wes Harvin II		
			Name of Person	
		Florida Guardian Title & I	Escrow	
			Firm/Company	
		2940 S. 25th St		
			Address	
		Fort Pierce, FL 34981		
		-	City/State and Zip Code	
		wesharvin@gmail.com		
For further in	formation c	n-mail address: (to be used for future annual report no	lification)
	iornation c	oncerning this matter, prease c		
Wes Harvin			772 828.2588 at ()	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 Fi	ling 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)
Reg	ing Addres istration S	Section	Street Address: Registration Se	ection
Divi	ision of C	orporations	Division of Co	rporations
	. Box 632 ahassee, I	/ FL 32314	The Centre of 2415 N. Monro	Fallahassee oc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Guardian Title & 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 06/16/2022 and assigned Florida document number L22000227914 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." 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: New Registered Office Address: Enter Florida street address _. Florida _

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
MGR	Arthur Todd Jewett	900 E. Ocean Blvd Ste 120B	□Add
		Stuart, FL 34994	■Remove
			□Change
			□ Remove
			2
			Add
			□Change
			□Add
			Remove
			□Change
			□Add
		<u></u>	□Remove
			□Change
<u> </u>			□Add
			□Remove
			□Change

Effective date, if other than the date of filing:	Effective date, if other than the date of filing:
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	Wes Harvin II

Filing Fee: \$25.00