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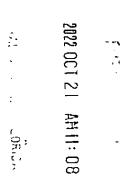
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COVER LETTER

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Registration Section Division of Corporations

Tallahassee, Fl. 32314

	E TITLE OF FLORIDA LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter to	o the following:	
	BENJAMIN YONGE		
		Name of Person	······································
	EAST LAKE TITLE OF FL	JORIDA LLC	
		Firm/Company	
	2440 SAND LAKE ROAD		
		Address	
	ORLANDO, FL 32809		
		City/State and Zip Code	
	BEN@ EASTLAKETITLE.C	OM be used for future annual report note	
For further information e	n-man address: (to oncerning this matter, please ca	·	псанопт
	encerning and matter, prease car		
BENJAMIN YONGE		407 230-3362 at ()	· · · · · · · · · · · · · · · · · · ·
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 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)
<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	ation
Division of C		Division of Cor	
P.O. Box 632	•	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) EAST LAKE TITLE OF FLORIDA LLC The Articles of Organization for this Limited Liability Company were filed on $\frac{05/23/2022}{1}$ Florida document number $\frac{1.22000239290}{1.0000239290}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NEIGHBORS TITLE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 2440 SAND LAKE ROAD Enter new principal offices address, if applicable: ORLANDO, FL 32809 (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

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, 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
			□Add
			□Remove
			□Change
			□Remove
			Change
			□Add
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	t be specific and cannot be prior to date of ock does not meet the applicable stati	(optional) filing or more than 90 days after filing.) Pursuant to 60 utory filing requirements, this date will not be lis	
cord specifies a delayed effective s filed.	e date, but not an effective time, at 12	2:01 a.m. on the earlier of: (b) The 90th day aft	er the
OCTOBER 20	2022		
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