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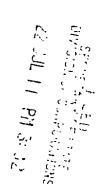


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S. CHATHAM

OCT - 6 2022



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Prospect Title Agency UC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Patricia R Fitzgerald Name of Person
Prospect Title Agency UC
1991 Industrial Drive
Deland, FL, 32724 City/State and Zip Code
E-mail address: (to be used for future annual report potification)
For further information concerning this matter, please call:
Patricia R Fitzgerald at 727 385-4046 Name of Person January Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Title Agency

(A Florida Limited)	Liability Company)	A GAL TECGLOS,	
		3606/F6/	and assigned
This amendment is submitted to amend the following:	number \(\subseteq 220002\) See submitted to amend the following: ame, enter the new name of the limited liability company here: e distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" pal offices address, if applicable: ddress MUST BE A STREET ADDRESS		
The Articles of Organization for this Limited Liability Company were filed on			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the desig	gnation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:	-		
(Principal office address MUST BE A STREET ADDRESS)			- P
			200 200
Enter new mailing address, if applicable:			P. Commen
(Mailing address MAY BE A POST OFFICE BOX)			G 22
			75. 116. 12.
			70
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	ords, <u>enter the name o</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
	, Florida		
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Ĺ		

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 Changing Registered Agent, Signature of New Registered Agent

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
AMPR	Marish Chawla	1991 Industrial Driv	<u>'C</u> □Add
		Dennd, FL 32724	Remove
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cord specifies a delayed effective d s filed.	late, but not an e	ffective time,	at 12:01 a.m. or	the earlier of: (b) The 90th day after	the
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ed July 7th	<u></u>					
and July 7th	wo the	until	/			