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	(Requestor's Name)
s.	(Address)
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PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
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05/30/23--01003--007 **25.00



COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations			
	HUGHES?	TITLE COMPANY LLC			
SUBJECT:		Name of Lin	nited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		DANYEL HUGHES			
			Name of Person		-
			Firm/Company		-
		PO BOX 583			
			Address		- . <u>e</u>
		HAWTHORNE, FL 32640)		May the so
			City/State and Zip Code		ි -7 වී ය
		DANYEL@HUGHESTITE			; 0
			to be used for future annual report notifi	ication)	
For further in	iformation c	oncerning this matter, please c	all:		
DANYEL H			352 339-6681 at ()		. بر د بربر
	Name o	f Person		Telephone Number	r
Enclosed is a	check for th	ne following amount:			
≡ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Reg Div P.O	iling Addres gistration S vision of C D. Box 632 lahassee, F	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 8	10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HUGHES TITLE COMPANY LLC					
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number L23000271768	were filed on 06/05/2023 and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	pility company here:				
HUGHES TITLE & ESCROW LLC					
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	6410 SE 221ST ST				
(Principal office address MUST BE A STREET ADDRESS)	HAWTHORNE, FL 32640				
Enter new mailing address, if applicable:	PO BOX 583				
(Mailing address MAY BE A POST OFFICE BOX)	HAWTHORNE, FL 32640				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registere				
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida strect address				
	, Florida				
	City Zip Code				
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is				

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
			□Add
			□Remove
			□Change
	•		□Add
			□Remove
			□ Change
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			□Change

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Filing Fee: \$25.00