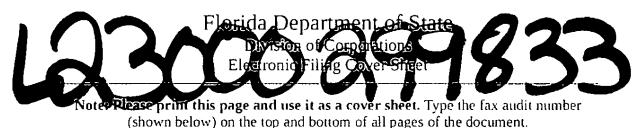
7/11/23, 11:33 AM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DP ESCROW CLOSING SERVICE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Corporate Filing Menu

Help

T. LEMIEUX

Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

;	Or		•
DP Escrow Closing Service, LLC	;	5 *	
(Name of the Limited	Liability Company as it now Florida Limited Liability Com	appears on our records.)	
The Articles of Organization for this Limited Lial	pility Company were filed	on <u>06/21/23</u>	and assigned
Florida document number L23000299833			
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability compa	iny here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company	," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	 ΟΧ)		
	***************************************		2
B. If amending the registered agent and/or reg	gistered 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:			<u> </u>
Number Designation of Control Addresses			PA
New Registered Office Address:	En	ter Florida street address	
		. Floric	=;
	City	, r 19110	Zip Code

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.

7/11/2023 08:46 55 PDT .

To: 18506176383

Page: 3/4

From: Registered Agents Inc.

Fax: 8134365206

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>	Name	Address	Type of Action
AMBR	Dennis Porterfield	1004 SLOOP PL APT C1	⊠ Add
		MELBOURNE, FL 32935	□Remove
			□ Change
			DAdd
			□Remove
			Change
			□Add
			□Remove
			ПСняпдс
			Fladd
		***************************************	□Remove
			Change
			□Add
			□Remove
			Change
			□Add
		····	□Remove

To: 18506176383

From: Registered Agents Inc.

			 		
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<u> </u>					
Effective date, if other tha (If an effective date is listed, the da Note: If the date inserted in the document's effective date on	his block does not meet	the applicable sta	f filing or more than 90 o tutory filing requirem	_ (optional) lays after filing.) Pursuant tents, this date will not be	o 605.0207 (3) e listed as the
he record specifies a delayed ef ord is filed.	fective date, but not an o	effective time, at 1	2:01 a.m. on the earli	er of: (b) The 90th day	after the
Dated July 11th	24	023			
6/7/	Signature of a mem	12 h			

Typed or printed name of signee