Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NORTH SOUTH LAW GROUP PLLC

Account Number : 120240000080 Phone : (305)697-7300 Fax Number : (813)359-0734

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

Email Address: JRL@NSTITLESERVICES.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NORTH SOUTH TITLE & ESCROW SERVICES LLC

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

land or had

TO:

Registration Section

i.

18133590734

COVER LETTER

Division of Corporations			
_ NORTH S	OUTH TITLE & ESCROW SI	ERVICES LLC	
SUBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
riease return all correspo	ondence concerning this matter	to the following.	
	JOSE R LAUREANO, ES	SQ.	
		Name of Person	***************************************
	NORTH SOUTH TITLE	& ESCROW SERVICES LLC	
		Firm/Company	
	2645 EXECUTIVE PARE	CDR., SUITE 154	
		Address	
	WESTON, FL 33331		
		City/State and Zip Code	
	JRL@NSTITLESERVICE		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please o	all:	
JOSE R LAUREANO		954 622-0082 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 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)
Mailing Addres		Street Address:	
Registration Section		Registration Sc	
Division of Corporations		Division of Co	-
P.O. Box 6327 Tallahassee, FL 32314		The Centre of	-

Tallahassee, FL 32303

MODITH CONTRICTION & ECODOM CERVICES INC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NORTH SOUTH TITLE & ESCROW SERVICE		
(A Florida Limita Limit	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on August 29, 2024	and assigned
Florida document number L23000406414		
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 I	lability 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	<u> </u>	
		φ κ
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		-
		7. AR
		30 p m
3. If amending the registered agent and/or registered off	ice address on our records, <u>enter the</u>	name of the new reviste
gent and/or the new registered office address here:		: 20 TAT
		ri 🖰
Name of New Registered Agent:		· · · · · ·
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	City	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.

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
AMBR	JERRY R COLLADO	11401 SW 40th Street, Suite 470	DAdd
		Miami, FL 33165	■Remove
			☐ Change
		1,	
			□Remove
			□Add
			□Remove
			[] Change
		□Add	
		□Remove	
			□Change
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	<u> </u>	□Remove	
		☐ Change	
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			□Remove
			□ Change

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed. October 2 2024		
Effective date, if other than the date of filing: (optional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 605.0207 (Notes: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records. The effective date on the Department of State is records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed. Dated October 2 Signature of a member or authorized representative of a member.		
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	Dated _	tober 2 , 2024
		P-P
		Signature of a member or authorized representative of a member