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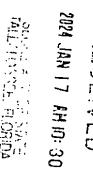
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21 - 1111 **A. HUNT** 01/17/24 DocuSign Envelope ID: AB7E62BA-79EF-4240-AB03-589BA4C07727
COVER LETTER

TO: Registration of Division of	on Section f Corporations		
SUBJECT: Landy	wood Management, LLC		
SUBJECT.	Name of Lir	nited Liability Company	
The enclosed Article	es of Amendment and fee(s) are su	bmitted for filing.	
Please return all cor	respondence concerning this matte	to the following:	
	Kenneth Nickel		
		Name of Person	<del></del>
	Compliance Freedom Net	work LLC	
	<del></del> -	Firm/Company	
	P.O. Box 709		
	· · · · · · · · · · · · · · · · · · ·	Address	
	Saint Croix Falls, WI 540	24	
		City/State and Zip Code	
	sos@compliancefreedom.c		
		(to be used for future annual report no	tification)
For further informat	ion concerning this matter, please of	call:	
Kenneth Nickel		888 697-1777 at ()	
Na	me of Person		me Telephone Number
Enclosed is a check	for the following amount:		
□ \$25.00 Filing Fo	ce S30.00 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)
<del>-</del>	on Section	<u>Street Address:</u> Registration Se	
Division (	of Corporations	Division of Co	prporations

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## DocuSign.Envelope ID: AB7E62BA-79EF-4240-AB03-589BA4C07727 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Landwood Management, LLC	
(Name of the Limited Liability Compar (A Florida Limited L	v as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company	were filed on 10/09/2023 and assigned
Florida document number 1.23000461860	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
Threshold Escrow Management, LLC	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name 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:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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Trainenumg Authorized rerson(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
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		<del> </del>	□Remove
			Change
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ective date, if other than the effective date is listed, the date muste: If the date inserted in this blument's effective date on the De	ock does not mee	the applicable	te of filing or more t statutory filing red	(option han 90 days after fil quirements, this d	al) ing.) Pursuant to 605.020 ate will not be listed a
cord specifies a delayed effective s filed.	e date, but not an	effective time, a	st 12:01 a.m. on th	ne earlier of: (b)	The 90th day after the
ed January 23		2024			
12					
<u> </u>			representative of a		

Filing Fee: \$25.00