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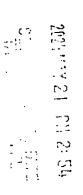
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

CAPITAL TITLE AND ESCROW OF FLORIDA, LLC SUBJECT: 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: Niurca Robards Name of Person Firm/Company 6734 FOREST HILL BLVD Address GREENACRES, FL 33413 City/State and Zip Code NIKKIE@CAPITALTITLEPROS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: NIURCA ROBARDS Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$60.00 Filing Fee. ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAPITAL TITLE AND ESCROW OF	F FLORIDA, LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)		<u> </u>
The Articles of Organization for this Limited Liab Florida document number L24000039208	oility Company were filed on 01/22/2024	ап	d assigned
This amendment is submitted to amend the follow	ring:		
A. If amending name, <u>enter the new name of th</u>	ne limited liability company here:		
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the	abbreviatio	on "L.L.C."
Enter new principal offices address, if applicab	le:		
Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO  B. If amending the registered agent and/or regis	istered office address on our records, enter the na	me of th	n new register
agent and/or the new registered office address h		ne or the	iew register
Name of New Registered Agent:			<del>- 3</del>
New Registered Office Address:			<u> </u>
	Enter Florida street address	:	÷ %
-	, Florida, Florida	— Zip (	Code1
New Registered Agent's Signature, if changing Registered Agent:			: :
provisions of all statutes relative to the proper of accept the obligations of my position as register	igent and agree to act in this capacity. I further agand complete performance of my duties, and I am red agent as provided for in Chapter 605, F.S. Or sistered office address, I hereby confirm that the li ange.	familia , if this	with and document is

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	JOHN F. HOFFMAN	6734 FOREST HILL BLVD	🗆 Add
		GREENACRES, FL 33413	≣Remove
			□Change
AMBR	KEEGAN J. SIEGFRIED	6734 FOREST HILL BLVD	□Add
		GREENACRES, FL 33413	■Remove
		<del>-</del>	□Change
AMBR	3R KSJH CAPITAL, LLC	2520 WILDLIFE RUN	<b>=</b> Add
		LUTZ, FL 33559	□Remove
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cument's effective date on the	Department of State's record	S.		
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ecord specifies a delayed effect is filed.	ive date, but not an effective	time, at 12:01 a.m. on th	e earlier of: (b) The	90th day after t
ted	2024	_		
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		1/21/		