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COVER LETTER

TO:

Registration Section
Division of Corporations

Title Searc	h and Abstract, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Andrew Fivecoat		
		Name of Person	
		Firm/Company	
	12425 28th Street Suite 20		
	Saint Petersburg, Florida 3	Address 3716	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Steve D. Tran, Esq.		727 644-7448 at ()	
Name o	of Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he 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 Addre Registration Division of O P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration So Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

Title Search and Abstract, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{7/19/24}{1}$ Florida document number 1.24000326455 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 Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: eXL Legal PLLC Name of New Registered Agent: 12425 28th Street Suite 200 New Registered Office Address: Enter Florida street address ___, Florida ³³⁷¹⁶
Zip Code Saint Petersburg

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.

City

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
MGR	STEVE D. TRAN	922 39th Avenue NE	= Add
		Saint Petersburg, FL 33703	□ Remove
			□Change
MGR	IGR ANN MARIE FIVECOAT	4663 Neptune Drive SE	
		St. Petersburg, FL 33705	Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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ctive date, if other than th	e date of filing:	7/19/2024		(option:	al)	
effective date is listed, the date mee: If the date inserted in this barrent's effective date on the l	ust be specific and c plock does not me	cannot be prior to diget the applicable	ate of filing or more estatutory (Hing re	than 90 days after fil	ing.) Pursuant to 605.0	0207 d as
cord specifies a delayed effecti riiled.	ive date, but not a	in effective time,	at 12:01 a.m. on	he earlier of: (b)	The 90th day after	the
ed August 15		2024				
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