P170000 47174

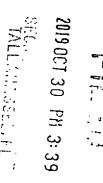
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Nations Trust Title	e, Inc.		
	BER: P17000047174			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Martha Pozo-Diaz, Esq.			
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	n	
	Nations Trust Title, Inc.			
		Firm/ Company	······································	
	9260 Sunset Drive, Suite 119)		
		Address	<u> </u>	
	Miami, Fl 33173			
		City/ State and Zip Cod	e	
mpd	iaz@pdplawyers.com			
	=: : :	sed for future annual report	notification)	
	is man address. (to be ac	sed for fature annual report	To the control of the	
For further information	on concerning this matter, pleas	se call:		
Martha Pozo-Diaz		786	866-8146	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.C	iling Address endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

Nations Trust Title, Inc.			
(Name of Corporati	ion as currently filed with the Florida Dept.	of State)	
P17000047174			
(Docur	ment Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this <i>Florida Profit Corporation</i> ad	opts the following amendm	nent(s) t
A. If amending name, enter the new name of the co	orporation:		
Nations Trust and Title Company		The nev	w
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc," or "Co". A professional corpora	rated" or the abbreviation	m
B. Enter new principal office address, if applicable		<u> </u>	
(Principal office address <u>MUST BE A STREET ADI</u>	DRESS)	AH. G	स्वातम्ब्रह्म स्वातम्ब्रह्म
		<u> </u>	
C. Enter new mailing address, if applicable:		္ညို ့ ယ္မ	1
(Mailing address MAY BE A POST OFFICE BO	O.Y.)	က် ယူ	
	-	· · · · · · · · · · · · · · · · · · ·	
			
D. If amending the registered agent and/or registered new registered agent and/or the new registered		e of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		Florida	
New Registered Office Statuess.	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Reg	gistered Agent:		
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations	of the position.	
			
Sign	nature of New Registered Agent, if changing		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Doe		
X Remove	<u>Y</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith	1	
Type of Action (Check One)	<u>Title</u>	<u>Na</u>	<u>ame</u>	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				<u></u>
6) Change				
Add		_		
Pamova				

ch additional sheets, if necessary). (Be specific)
n amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, t document's effective date on the Department of State's records.	his date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following so must be separately provided for each voting group entitled to vote separately on the amendment(s,	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required.	holder
The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	ler
October 16, 2019	
Signature (By a prector, president or other officer – if directors or officers have not	
selected, by an incorporator – if in the hands of a receiver, trustee, or othe appointed fiduciary by that fiduciary)	r court
Martha Pozo-Diaz	
(Typed or printed name of person signing)	
President	
(Title of person signing)	