P9900055241

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: CITRUS TITLE IN	ISURANCE AGENCY, IN	C		
DOCUMENT NUM	P99000055241				
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	ANTONIA MUNK				
		Name of Contact Persor	· 		
	Citrus Title Insurance Agency, Inc.				
		Firm/ Company	. 		
	5700 Lake Worth Road, Suite	2 105			
		Address			
	Lake Worth, FL 33463				
	·	City/ State and Zip Code	2		
	toni@citrustitle.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
ANTONIA MUNK		at (_) 964-5106		
Name	of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	■S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

*** Ja. * * **

Citrus Title Insurance Agency, Inc.			•	
(Name o	of Corporation as current	ly filed with the Florida De	ept. of State)	
P99000055241			· 1	:: ~1.
	(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation	adopts the followi	ng amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Cochartered," "professional association,"	Corp, " "Inc," or "Co"	A professional corporation	d" or the abbreviat name must conto	ion "Corp.," in the word
B. Enter new principal office address, (Principal office address MUST BE A S				
C. Enter new mailing address, if appl (Mailing address MAY BE A POST				
D. If amending the registered agent ar new registered agent and/or the new			name of the	
Name of New Registered Agent				
	5700 Lake Worth Road, S	reet address)		
N D : 100	Lake Worth	reet uuuress)	33463	
New Registered Office Address:		(City)	, Florida(Zip	Code)
New Registered Agent's Signature, if call thereby accept the appointment as regis.	tered agent. I am familiar			
Check if applicable				

☐ The aniendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_ <u>X</u> Add	_ <u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	Robert P. Fritts	5700 Lake Worth Road #105
Add			Lake Worth, FL 33463
X Remove			
2) Change	D	Antonia Munk	5700 Lake Worth Road #105
X Add			Lake Worth, FL 33463
Remove 3) Change	. .		
Add			
Remove			-
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(At	mending or adding a ach additional sheets.	if necessary). (Be	specific)			
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<u> </u>	(if not applicable, is	ndicate N/A)	CIR II HOL CONCAI	ico in the amen	different activ	
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The date of each amendment(s) ado date this document was signed.	ption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment fil	
	(no more than 90 days after amendment fil	e date)
Note: If the date inserted in this blo document's effective date on the Depa	ck does not meet the applicable statutory filing requirement of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suff	ed by the shareholders. The number of votes cast for icient for approval.	the amendment(s)
	oved by the shareholders through voting groups. The factor with state of the state	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated	7/18/24	
Signature (#	nthle	
selected,	ctor, president or other officer – if directors or officers by an incorporator – if in the hands of a receiver, trust I fiduciary by that fiduciary)	
_	Antonia Munk (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Director	
_	(Title of person signing)	

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: CITRUS TITLE IN	SURANCE AGENCY, IN	C.		
DOCUMENT NUMI	P00000055241				
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Please return all corre	spondence concerning this ma	tter to the following:			
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	5700 Lake Worth Road, Suite	e 105			
		Address			
	Lake Worth, FL 33463				
		City/ State and Zip Code	e		
	toni@citrustitle.com				
		sed for future annual report	notification)		
For further informatio	n concerning this matter, plea	se call:			
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