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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 21, 2007

SUSAN LUTHER 679 W. LUMSDEN ROAD BRANDON, FL 33511

SUBJECT: ALL AMERICAN TITLE AFFILIATES, LLLP Ref. Number: A01000000107

We have received your document for ALL AMERICAN TITLE AFFILIATES, LLLP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 907A00019540

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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 2, 2007

SUSAN LUTHER 679 W. LUMSDEN ROAD BRANDON, FL 33511

SUBJECT: ALL AMERICAN TITLE AFFILIATES, LLLP Ref. Number: A01000000107

We have received your document for ALL AMERICAN TITLE AFFILIATES, LLLP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 807A00015134

Pit 12: 48

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: All American Title Affiliates, LLLP

(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:

Susan Luther

(Name of Person)

All American Title Insurance, Inc.

(Firm/Company)

679 W. Lumsden Road

(Address)

Brandon, FL 33511

(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Luther	at (813)	6843330	\mathbb{R}^{S}	20	
(Name of Person) Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee Certificate of St	& \$55.00 atus Certi	(Area Code a) Filing Fee & fied Copy tional copy is en	Certific	e Number) NETA AllASSEC 0 Filling Fee, sate of Status & ed Copy: is end	07 MAR 30 PH 12:	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 19, 2007

SUSAN LUTHER 679 W. LUMSDEN ROAD BRANDON, FL 33511

SUBJECT: ALL AMERICAN TITLE AFFILIATES, LLLP Ref. Number: A01000000107

We have received your document for ALL AMERICAN TITLE AFFILIATES, LLLP and check(s) totaling \$25.00 of which \$25.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$27.50 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 207A00012087

2007 MAR 30 PH 12: 48 SECRETARY OF STATE

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: <u>All American Title Affiliatos</u>, <u>LUP</u> (Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

(Contact Person) Affiliates, Lad. P 1.+le -ican Firm/Company) JURGGE (Address) City, State and Zip Code)

For further information concerning this matter, please call:

(Name of Contact Person) at (813) 684-3330 (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

\$52.50 Filing Fee

\$61.25 Filing Fee and Certificate of Status s105.00 Filing Fee and Certified Copy Status Status Status Status Status

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

LLP AΠ (Insert name currently on file with Florida Department of State)

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 1223106, adopts the following certificate of amendment to its certificate of limited partnership.

FIRST: Amendment(s): (Indicate information being amended, added, or deleted)

partner has Chang -Ras-10284 a 1.79 W Lunscho Inc@ rance Agency. ice Road, Brandon, FL 23511 unsder

SECOND: Effective date, if other than the date of filing: _

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature(s) of a general partner(s)*:

4. 1. . .

(*Note: If adding or deleting an election to be a limited liability limited partnership statement, all general partners must sign the amendment.)

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Filing Fee:\$52.50Certified Copy (optional):\$52.50Certificate of Status (optional):\$8.75

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