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2010 DEC 10 AM N: 52

STOLEDANT OF SHALL

AND SSPELFLORIDA

C. LEWIS

DEC 1 3 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Haile Title Company, LLC Name of Limited Liability Company						
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:						
Daniel R Monteau Name of Person						
Haile Title Company LLC Firm/Company						
4923 NW 43 rd street, Suite B						
Gainesville FL 32606 City/State and Zip Code dmonteau @ hailetitle.com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Name of Person at (353 371-6264 Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount: \$25.00 Filing Fee \$ Certificate of Status \$55.00 Filing Fee \$ Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified copy (additional copy is enclosed)						
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2010 DEC 10 AM M: 52

Haile Title	Company d Liability Compan A Florida Limited Li	y as it now appears on ability Company)	Our records.)	LAHASSEE, FLORIDA	
The Articles of Organization for this Limited L Florida document number LO30000	Liability Company			and assigned	
This amendment is submitted to amend the foll	lowing:				
A. If amending name, enter the new name o	of the limited liabi	lity company here:			
W/A					
The new name must be distinguishable and end wi "L.L.C."	ith the words "Limit	ed Liability Company,"	the designation "LI	C" or the abbreviation	
Enter new principal offices address, if applic	cable:	same			
(Principal office address MUST BE A STREE	ET ADDRESS)				
Enter new mailing address, if applicable:		same			
(Mailing address MAY BE A POST OFFICE	BOX)				
B. If amending the registered agent and/ registered agent and/or the new registered of			ecords, enter th	e name of the new	
Name of New Registered Agent:		R. Montea			
New Registered Office Address:	H923 NW 43 rd Street, Suite B Enter Florida street address Gainesville, Florida Zip Code				
	Gaines	sville	oriaa sireei aaare , Florida	2606	
		City		Zip Code	
Name Danistania di Amerika Cimintania (C. 1	D! _ A				

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 608, 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action **Address** Title Name 12104 NW Istlane Gainesville FL 32607 Ryan C. Curtis MGRM Add Remove Daniel R Monteau 9278 NW Z6+hAvenue X Add (Remain)
Gainesville FL 32606 Remove MGRM Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated December 9 2010 Signature of a member or authorized representative of a member Daniel RMonteau Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00