

L04000012721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

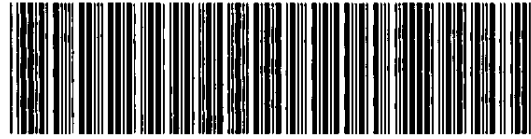
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Callahan JUN 2 - 2010

COVER LETTER

TÖ: Registration Section
Division of Corporations

SUBJECT: Fidelity Title of Florida, L.L.C.
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:

Robert Seiden
Name of Person
Sachs Sax Caplan, P.L.
Firm/Company
6111 Broken Sound Parkway NW, Suite 200
Address
Boca Raton, Florida 33487
City/State and Zip Code
rseiden@ssclawfirm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel A. Kaskel at (561) 237-6222
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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 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:
10 JUN -1 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fidelity Title of Florida, 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 February 5, 2004 and assigned Florida document number L04000012721.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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:

Name of New Registered Agent:

New Registered Office Address:

_____ *Enter Florida street address*
_____, Florida _____
City Zip Code

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	<u>Peter S. Sachs</u>	<u>6111 Broken Sound Parkway NW</u> <u>Suite 200</u> <u>Boca Raton, Florida 33487</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	<u>Louis Caplan</u>	<u>6111 Broken Sound Parkway NW</u> <u>Suite 200</u> <u>Boca Raton, Florida 33487</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	<u>Spencer M. Sax</u>	<u>6111 Broken Sound Parkway NW</u> <u>Suite 200</u> <u>Boca Raton, Florida 33487</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	<u>Larry Z. Glickman</u>	<u>6111 Broken Sound Parkway NW</u> <u>Suite 200</u> <u>Boca Raton, Florida 33487</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	<u>Frank A. Barbieri, Jr.</u>	<u>6111 Broken Sound Parkway NW</u> <u>Suite 200</u> <u>Boca Raton, Florida 33487</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	<u>Daniel A. Kaskel</u>	<u>6111 Broken Sound Parkway NW</u> <u>Suite 200</u> <u>Boca Raton, Florida 33487</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

Please add the following as Managing Member:

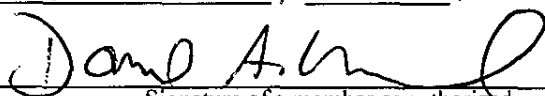
Sachs Sax Caplan, P.L.

6111 Broken Sound Parkway NW, Suite 200

Boca Raton, Florida 33487

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 JUN - 1 PM 1:47
 SECRETARY OF STATE
 PALM BEACH COUNTY, FLORIDA

Dated May 26, 2010



Signature of a member or authorized representative of a member

Daniel A. Kaskel, Authorized Representative

Typed or printed name of signee