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PICK-UP	☐ WAIT ☐ MA	AIL
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Certified Copies	Certificates of Status	
Special Instructions to	o Filing Officer:	
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Office Use Only



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SECRETARY OF STATE



December 27, 2006

SHELLY BLANCHARD 855 E. SR 434 #1149 WINTER SPRINGS, FL 32708

SUBJECT: SECURE TITLE COMPANY, LLC

Ref. Number: L06000065375

We have received your document for SECURE TITLE COMPANY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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 (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 006A00072652

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Secure Title Company (LC (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:
Shely Slanchard (Name of Person) Scar Title Company, Ife (Firm/Company)
855 G. SR 434 #1149
Winlin Spring, 72 32708 EEE E
For further information concerning this matter, please call: SAR
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Scriffed Copy (additional copy is enclosed) \$25.00 Filing Fee Cortificate of Status Scriffed Copy (additional copy is enclosed) \$25.00 Filing Fee Cortificate of Status Cortificate of Status Cortified 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

(Present Name) (A Florida Limited Liability Company) The Articles of Organization were filed on document number 106000 65375 FIRST: and assigned **SECOND:** This amendment is submitted to amend the following: Dated Signature of a member or authorized representative of a member Acey Typed of printed name of signee

Filing Fee: \$25.00

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the limited liability company is:
Crac Carried Lilla
2. The mailing address of the limited liability company is: 558 E. 5R 434 # 1149
Winter Springs, 21:32708
$\frac{6/27/06}{3. \text{ Date of filing/registration in Florida}} = \frac{106000065375}{4. \text{ Document number}}$
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: State Swindle
SSS 9. SR 434 # 1149 Address Winter Splings 72 3 1778 & TO City, State and Zipl & TO TO THE SPRING
6. The name and address of the new registered agent and/or office: Shell Sanchard Name SS G SR 438 H 1149 Florida street address (P.O. Box NOT acceptable) What Springs FL 32708 City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member of authorized representative of a member)
(Printed or typed name of sign(e) 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 familion 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 don't mind the limited liability company has been notified in writing of this change. (Signature of Registered Agent)

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