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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

FEB 1 9 2009

EXAMINER

COVER LETTER

	Registration Sec Division of Corp			
SUBJEC	СТ:	GroupWest	Title 1, LLC	
			ited Liability Company)	
The enclo	osed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspon	dence concerning this matter	to the following:	
		James E.	Donaldson	
			(Name of Person)	
		GroupWe	st Title 1, LLC	
			(Firm/Company)	
		1009 N. C	D'Brien Street	
			(Address)	
		Tampa	a, FL 33607	
			(City/State and Zip Code)	
For furth	er information co	ncerning this matter, please c		
		. Donaldson	at (<u>813</u>) 286-9711	
	(Name of	Person)	(Area Code & Daytime T	elephone Number)
Enclosed	is a check for the	following amount:		
☑ \$25.0	0 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)
	Registra Division P.O. Box	NG ADDRESS: tion Section of Corporations 6327 see, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle



February 17, 2009

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

ATTN: Registration Section

RE: Change of Name

Dear Sir/Madame:

This letter is in regard to the attached amendment requesting a name change to GroupWest Title 1, LLC. I am the owner and managing member for this LLC. I am also the owner and managing member for GroupWest Title, LLC. The later LLC has been dissolved as we would like to have only one LLC. We are now changing the name of GroupWest Title 1, LLC, to just GroupWest Title, LLC, as all of our insurances for our title company are under this tax identification number.

If you have any questions, please do not hesitate to give me a call at (813) 286-9711.

Sincerely

lames E. Donaldson

Owner/Managing Member

GroupWest Title Exceeding Expectations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	upWest Title 1, LLC			
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now app da Limited Liability Compan	pears on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on _	February 22, 2002	and ass	igned
Florida document number L02000004402	•			
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the l	imited liability company	here:		
GroupWest Title, LLC				
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Co	mpany," the designation "L	LC" or the a	bbreviatio
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)			
			9 FE	71SEC
			8	RETE
Enter new mailing address, if applicable:		<u></u>	8	287
(Mailing address MAY BE A POST OFFICE BOX)			A# 10:	중유다
			<u></u>	STA IRAI
			94	HOH JE
B. If amending the registered agent and/or reg	gistered office address o	n our records, <u>enter t</u>	<u>he name o</u>	f the nev
registered agent and/or the new registered office a	<u>aaress nere</u> :			
Name of New Registered Agent:				
New Registered Office Address:				
		(Enter Florida street add	tress)	
	(Circl)	, Florida	(Zip Cod	<u> </u>
	(City)		(Zip Cod	e <i>)</i>

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.

MGR = Mana MGRM = Ma	ger naging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
***************************************			Add Remove
			Add Remove
D. If amendin	g any other information, enter c	change(s) here: (Attach additional sheets, if necessary.)	FILED SECRETARY OF STATE DIVISION OF CORFORATIONS 09 FEB 18 AM 10: 46
Dated	Mes	2009	- 198 SKIONS
	J	ember or authorized representative of a member James E. Donaldson Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00