L02000012828

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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B. KOHR

JUL - 7 2008

EXAMINER

ECFS

EXPRESS CORPORATE FILING SERVICE, INC 1000 PONCE DE LEON BLVD., STE: 101

CORAL GABLES, FL 33134

PH: (305)444-4994 FAX: (305)444-4977

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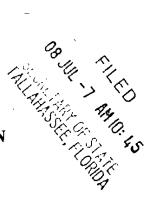
Examiner's Initials

C	ORPORATION NAME(s) & I	OCUMENT NUMBER(S) (if known):
1.	Dependable (Corporation Name)	Title, LC L02000012
2.	(Corporation Name)	(Document #)
_	(Colporation (Varies)	,
3.	(Corporation Name)	(Document #)
4.	i i	S
	(Corporation Name)	(Document#)
_	Walk in Pick up ti	me Certified Copy
	Mail out Will wait	Photocopy Certificate of Status
	NEW FILINGS	AMENDMENTS
	Profit	Amendment
	NonProfit	Resignation of R.A., Officer/ Director
	Limited Liability	Change of Registered Agent
	Domestication	Dissolution/Withdrawal
	Other	Merger
	OTHER FILINGS	REGISTRATION/ QUALIFICATION
	Annual Report	
	Fictitious Name	Foreign Limited Partnership
	Name Reservation	Painted ranger

Trademark

Other

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



DEPENDABLE TITLE, 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 Liab	ility Company were filed on 5-24-200	2 and assigned	
Florida document number L02000012828	·		
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liability company here:		
AGENTS DEPENDABLE TITLE SERVICES, LLC	·		
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company," t	he designation "LLC" or the abbreviation	
Enter new principal offices address, if applicabl	e:		
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
B. If amending the registered agent and/or a registered agent and/or the new registered office		ecords, enter the name of the new	
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 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

	Name	Address	Type of Action
<u></u>			Add
			Remove
	· .		Add
			Remove
			Remove
			Add Remove
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			Add Remove
			
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. If amend	ing any other information, enter chang	e(s) here: (Attach additional sheets, if necessary	.)
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