

L070000 10841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

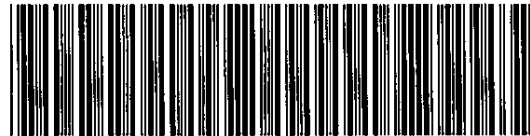
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600262739996

08/15/14--01013--023 **25.00

Handwritten text, possibly a date or signature, located in the bottom right corner of the page.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOMEPARTNERS TITLE SERVICES, LLC DBA KEYES TITLE SERVICES
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:

JIM NELSON, an officer of First American
Name of Person

FIRST AMERICAN TITLE INSURANCE COMPANY
Firm/Company

1 FIRST AMERICAN WAY
Address

SANTA ANA, CA 92707
City/State and Zip Code

JONELSON
JNELSON@FIRSTAM.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUSIE FREE at 561 689-8200
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

HOMEPARTNERS TITLE SERVICES, 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 MARCH 26, 2003 and assigned Florida document number L03000010841.

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)

1535 THREE VILLAGE ROAD

WESTON, FLORIDA 33326

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1535 THREE VILLAGE ROAD

WESTON, FLORIDA 33326

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

City, **Florida** 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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

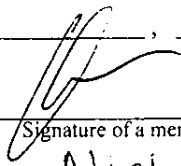
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>SVP /</u> Member	<u>JIM NELSON</u> an officer of First American	<u>1 FIRST AMERICAN WAY</u> <u>SANTA ANA, CA 92707</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>P /</u> Member	<u>MARLEN RODRIGUEZ</u>	<u>1535 THREE VILLAGE ROAD</u> <u>WESTON, FL 33326</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>SVP</u>	<u>TIMOTHY V KEMP</u>	<u>1 FIRST AMERICAN WAY</u> <u>SANTA ANA, CA 92707</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>S</u>	<u>TIMOTHY V KEMP</u>	<u>1 FIRST AMERICAN WAY</u> <u>SANTA ANA, CA 92707</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 7-30-2014



Signature of a member or authorized representative of a member

Michael Stogdill, authorized rep.

Typed or printed name of signee