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· COVER LETTER

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TO:	Registration S Division of Co			
SUBJE	CT. Concord	d Title Agency, LLC		
50201			nited Liability Company)	
The en	closed Articles of	f Amendment and fec(s) are sul	omitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
		Robert B. Holman, E		
			(Name of Person)	
Holman, Frank & Mo			Donald (Firm/Company)	PILED OR HAR -7 PH 4: 14 SECRETARY OF STATE TALLAHASSEE. FLORIDA
			enue	FILEU PH 4: 14 CHETARY OF STATE CHARASSEE. FLORIC
			(Address)	HO F
Oakwood Village, O				STATE FILE
			(City/State and Zip Code)	" " " " " " " " " " " " " " " " " " "
For fur	ther information	concerning this matter, please of	call:	
Robe	ert B. Holman	. Esa.	at (440) 232-9911	
		of Person)	(Area Code & Daytime To	elephone Number)
Enclose	ed is a check for t	the following amount:		
\$25	5.00 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.		INC ADDRESS.	CTREET/COURING	ADDRESS

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

Concord Title Agency, 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 October 1, 2003 and assigned
Florida document number <u>L03000037487</u> .
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 appreviation "L.L.C." 3. If amending the registered agent and/or registered office address on our records, enter the name of 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 = M	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	CTAG, Inc.	24262 Broadway Avenue Oakwood Village, Ohio 44146	Add Remove
MGRM_	GT&T Corporation	24262 Broadway Avenue Oakwood Village, Ohio 44146	Add Remove
			Add Remove
 			Add Remove
			Add Remove 8 HAR - 7 PH
			PH 4: 15
D. If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa	ry.)
Dated <u>Marc</u>	~	MULL	
	Michael J. McDonald	er or authorized representative of a member	
	Type	or printed name of signed	

Typed or printed name of signee

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