

Division of Corporations

Florida Department of State
Division of Corporations
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To:
 Division of Corporations
 Fax Number : (850) 617-6383

From:
 Account Name : JOHN W. SMITH
 Account Number : 075350000233
 Phone : (561) 997-2890
 Fax Number : (561) 892-0743

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: JSMITH@INVESTORSTITLESERVICES.COM

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 INVESTORS TITLE, ESCROW & EXCHANGE SERVICES, LLC**

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$60.00

Electronic Filing Menu

Corporate Filing Menu

G. MCLEOD

DEC - 2 2010

EXAMINER

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

INVESTORS TITLE, ESCROW & EXCHANGE 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 12/18/2003 and assigned
Florida document number L03000054159.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

INVESTORS TITLE SERVICES LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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

_____, 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 = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

Dated DECEMBER 1, 2010

Signature of _____ authorized representative of a member

JOHN W. SMITH

Typed or printed name of signee

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Filing Fee: \$25.00