

L04000037171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

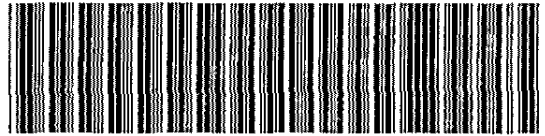
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Certified Copies _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION LI CORPORATION

BR

ACCOUNT FILING COVER SHEET

Account Number: 0721-00000-307

Reference:
(Sub Account)

3985

Date:

9/13

Requestor Name: **Attorneys' Title Insurance Fund, Inc.**

Address: **1965 Capital Circle NE
Tallahassee, Florida 32308**

Telephone: **850-222-2785**

Contact: **Barbara Keys**

Corporation
Name: _____

Document

Number: _____

(If Applicable)

Authorization: _____

Cheryl Martin

_____ **Certified Copy (1-9)**

_____ **Certificate of Status (1-9)**

_____ **Plain Stamped Copy**

XXX AMENDMENT

_____ **Call When Ready**

XX **Walk In**

_____ **Mail Out**

_____ **Call if Problem**

_____ **Will Wait**

_____ **After 2:30**

XX **Pick Up**

FILED
04 SEP 13 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT FILING COVER SHEET

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04 SEP 13 PM 3:24
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Telephone: 850-222-2785
Contact: Barbara Keys

Corporation
Name: _____

Document
Number: _____
(If Applicable)

Authorization: _____

Cheryl Martin

Certified Copy (1-9)
Certificate of Status (1-9)
Plain Stamped Copy
~~XXX~~ AMENDMENT

XX_

Call When Ready
Walk In
Mail Out

Call if Problem
Will Wait

XX_

After 2:30
Pick Up

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/State/Zip

850-222-2785

Phone #

FILED
04 SEP 13 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- WORLDWIDE ASSET RECOVERY COMPANY, LLC

2- _____

3- _____

4- _____

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
WORLDWIDE ASSET RECOVERY COMPANY, LLC

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The date of filing of the Articles of Organization was May 17, 2004.


SECOND: The following Amendment to the Articles of Organization was adopted by the limited liability company:

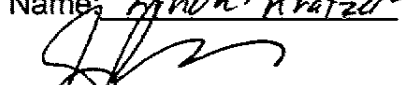
Article I be and it is hereby amended to change the name of the limited liability company to **INDIAN RIVER LAND GROUP, LLC.**

IN WITNESS WHEREOF, the undersigned Manager, the authorized representative of the Members, has executed these Articles of Amendment this 16 day of September, 2004.

Witnesses:

WORLDWIDE ASSET RECOVERY
COMPANY, LLC, a Florida limited
liability company


Name: Linda Kratzer


Name: J. Paul Trader

By: 
J. SCOTT LANFORD, as Manager

STATE OF FLORIDA)

COUNTY OF BREVARD)

The foregoing instrument was acknowledged before me this 16th day of September, 2004, by J. SCOTT LANFORD as Manager of WORLDWIDE ASSET RECOVERY COMPANY, LLC, a Florida limited liability company, who is personally known to me and who did not take an oath.



Linda M. Kratzer
MY COMMISSION # DD039944 EXPIRES
July 8, 2005
BONDED THRU TROY FAIR INSURANCE, INC.


Notary Public, State of Florida
My Commission Expires: