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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: BROKERS TITLE OF ST. PETERSBURG, LLC				
(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:				
JANE DILATUSH				
(Name of Person)				
REINHARD G. STEPHAN, ESQUIRE				
(Firm/Company)				
241 S. WESTMONTE DRIVE, #1010				
(Address)				
ALTAMONTE SPRINGS, FL 32714				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
JANE DILATUSH at (407)				
JANE DILATUSH (Name of Person) at (407) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$30.00 Filing Fee \$ S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

FILE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION SE TALK

08 JAN 15 PM 12: 14 SECRETARY DE STATE TALLAHASSEE FLORIDA

BROKERS TITLE OF ST. PE	•		
(Name of the Limited Liability Company as it now appears on our re-			

The Articles of Organization for this Limited Liability Company were filed on July 30, 2004 and assigned Florida document number <u>L0400056825</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BROKERS TITLE OF PALM HARBOR, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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) 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 = Ma MGRM = N	nnager Managing Member		
Title .	<u>Name</u>	Address	Type of Action
			Add
			Add Remove
			Add Remove
			Add Remove
			Add Remove
<u></u>			Add Remove
D. If amen	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessar	v.)
_			SECRETALLAHA
_			15 PM 12: 14 ARY OF STATE ARY OF LORID
Dated JAN	UARY , 2008 Im fac	- Limited to the state of the s	TATE ORIDA
,	ALAN LANDOW, MANAGING ME	or authorized representative of a member MBER	
	Typed o	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00