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| (R | (equestor's Name) |
|-------------------------|-------------------------|
| (A | ddress) |
| (A | ddress) |
| | |
| (C | City/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (B | Business Entity Name) |
| (D | Occument Number) |
| | 0.000 |
| Certified Copies | Certificates of Status |
| Special Instructions to | o Filing Officer: |
| | |
| | |
| | |
| Name Availability | |
| Document Examiner | DCC Has Only |
| Updater | Office Use Only |
| Updater Verifyer | DCC |
| Acknowledgement | DCC |
| w p Verifyer | , uco |



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07/18/05--U1018--U05 **25.00

JUDS JUL 18 P 2: 00
SECRETARY OF STATE
SECRETARY OF

TRANSMITTAL LETTER

| FO: Registration Section Division of Corporations |
|---|
| (Name of Limited Liability Company) |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| lease return all correspondence concerning this matter to the following: |
| SUSAN DRAKE (Name of Person) |
| OVT TITLE AGENCY, U.C. (Firm/Company) |
| 201 E. PINE ST. ISTH FLOOR (Address) |
| Onland, FL 32801 (City/State and Zip Code) |
| or further information concerning this matter, please call: |
| SUSAN DRAKE at (407) 517.32595 (Name of Person) (Area Code & Daytime Telephone Number) |
| nclosed is a check for the following amount: |
| \$25.00 Filing Fee |

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | TRADITIONAL TITLE, UC | | |
|---------|---|---|----|
| | (Present Name) (A Florida Limited Liability Company) | | |
| FIRST: | The Articles of Organization were filed on 819104 and assign document number L0400058587. | ed | |
| SECOND: | | d by the limite | ed |
| | NAME CHANGED TO: | | |
| | AUGODD TITE, UC | | |
| | EVERYTHING ELSE TO REMAIN THE SAME | 2005 JUL SECRETI TALLAHA | 11 |
| Dated | 7-12 ,/05 | 18 P 2: 00 ARY OF STATE SSEE, FLORIDA | |
| | Signature of a member or authorized representative of a member |) | |
| | DAVID H. POPPER. Typed or printed name of signee | | |

Filing Fee: \$25.00