## 105000/1/705

| (Requestor's Name)                      |   |  |  |  |
|---|---|--|--|--|
| (Address)                               | — |  |  |  |
| (Address)                               |   |  |  |  |
| (City/State/Zip/Phone #)                | _ |  |  |  |
| PICK-UP WAIT MAIL                       |   |  |  |  |
| (Business Entity Name)                  |   |  |  |  |
| (Document Number)                       |   |  |  |  |
| Certified Copies Certificates of Status |   |  |  |  |
| Special Instructions to Filing Officer: |   |  |  |  |
| A. LUNT MAY 27 2008                     |   |  |  |  |
| EXAMINED                                |   |  |  |  |

Office Use Only



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2009 MAY 22 A 10: 43
SECRETARY OF STATE:
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

| SUBJECT: CAPITOL TITLE INSURANCE, 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:   |
| DANTE ALZAMORA (Name of Person)  |
| CAPITOL TITLE ENSURANCE LLC (Firm/Company)   |
| 7575 DR DAILLI'DS BLVD. # 140 (Address)  |
| ORLANDO, FC, 32819  (City/State and Zip Code)  SECRETARY AAY 22  For further information concerning this matter, please call:  |
| For further information concerning this matter, please call:  DANTE ALZAMORA at (407) 447-2854  (Name of Person) (Area Code & Daytime Telephone Number)  |
| DANTE ALZAMORA at (407) 447-2854 TO DEFENDE Number 10 DEFENDE NUMB |
| Enclosed is a check for the following amount:  |
| \$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, 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   |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 w Florida document number LOSOOOII\705   | vere filed on NO               | V-14-20          | 20 Sand assigne | d           |
|--|--------------------------------|------------------|-----------------|-------------|
| Piorida document number  |                                |                  |                 |             |
| This amendment is submitted to amend the following:  |                                |                  |                 |             |
| A. If amending name, enter the new name of the limited liability of the |                                | ENCY.            | LLC "           |             |
| The new name must be distinguishable and end with the words "Limited "L.L.C."  |                                |                  |                 | viation     |
| Enter new principal offices address, if applicable:  | 7575                           | DR PH            | FILLIPS         | BLV         |
| (Principal office address MUST BE A STREET ADDRESS)  | SUITE                          | 140              |                 | <u> </u>    |
|  | ORLAN                          | 100 F            | L 328           | <u>1 S</u>  |
| Enter new mailing address, if applicable:  |                                |                  |                 |             |
| (Mailing address MAY BE A POST OFFICE BOX)   |                                |                  |                 |             |
|  |                                | <b>₹</b>         | 7)98            | <del></del> |
| B. If amending the registered agent and/or registered offic<br>registered agent and/or the new registered office address here:   | ce address on our              | records, enter t |                 | e new       |
| registered agent and/or the new registered office address here.  |                                | SSE              | 22              |             |
| Name of New Registered Agent:  |                                | - Fo             | ≥ m             |             |
| New Registered Office Address:   |                                | ORIGINAL TANK    | <u>۾</u>        |             |
|  | (Enter Florida street address) |                  |                 |             |
| <del></del>  | (C):                           | , Florida        | (7:- () 1)      |             |
|  | (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 = Ma<br>MGRM = N | nager     .<br>Managing Member         |  |                                       |
|----------------------|--|--|---------------------------------------|
| <u>Title</u>         | <u>Name</u>                            | Address  | Type of Action                        |
|                      | <del></del> ;                          |  | Add Remove                            |
|                      |  |  | Add Remove                            |
| <del></del>          |  |  | Add Remove                            |
|                      |  |  | Add Remove                            |
|                      |  |  | ARE Add                               |
|                      |  |  | P P P P P P P P P P P P P P P P P P P |
| D. If amen           | ding any other information, enter chan | ge(s) here: (Attach additional sheets, if necess                                   | E E                                   |
|                      |  |  |                                       |
|                      |  |  |                                       |
| Dated                |  | Moamm S  |                                       |
|                      | DANT                                   | or authorized representative of a member  EACZAULOIZA  d or printed name of signee |                                       |

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Filing Fee: \$25.00