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EXAMINER

COVER LETTER

| TO: Registration Sec Division of Corp | | | | |
|--|---|--|---|--|
| SUBJECT: AmeriCl | ose National Settle | ment Solutions, LLC | | |
| | (Name of Lim | ited Liability Company) | | |
| The enclosed Articles of A | Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all correspon | ndence concerning this matter | to the following: | | |
| | Joshua Cahill | • | | |
| (Name of Person) | | | | |
| AmeriClose Title Agency, LLC | | | | |
| (Firm/Company) | | | | |
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| | | (City/State and Zip Code) | O8 SEI TAL | |
| For further information concerning this matter, please call: | | | OCT OCT CRETA LAHAS | |
| Joshua Cahill | | at (813) 541-9690 | elephone Number S | |
| (Name o | f Person) | (Area Code & Daytime T | elephone Number) PH 12: 04 | |
| Enclosed is a check for th | e following amount: | | American (1) | |
| ☑ \$25.00 Filing Fee | □\$30.00 Filing Fee & Certificate of Status | □\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □\$60.00 Filing Fee, Certificate of Status & 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

AmeriClose National Settlement Solutions, 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 11/22/2005 and assigned Florida document number L05000112880 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AmeriClose Title Agency, 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) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent: New Registered Office Address: (Enter Florida street address)

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.

(City)

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

| MGR = Manager MGRM = Managing Member | | | | |
|---|--|---|-----------------------------------|--|
| <u>Title</u> | <u>Name</u> | Address | Type of Action | |
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| D. If amen | ding any other information, enter chan | ge(s) here: (Attach additional sheets, if neces | sary.) | |
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| Dated Octo | ber 22 , 2008 | Cab C | TLED 24 PH 12: 04 SSEE, TLORIDA | |
| | /* v | er or authorized representative of a member | | |
| | Jos Typec | hua C. Cahill dor printed name of signee | | |

Page 2 of 2

Filing Fee: \$25.00