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C. LEWS
SEP 1 7 2010
EXAMPLER



FLORIDA ESTATES TITLE, LLC

2500 Tamiami Trail N. #215 Naples, Florida 34103 239-435-9595 Fax: 239-435-3939 DOCS@FLORIDAESTATESTITLE.COM www.Floridaestatestitle.com

September 13, 2010

Florida Department of State

RE: Amendment to Articles of Organization

Attached is the amendment for our Articles of organization.

Thanks very much for your assistance. Please call with any questions.

Best regards;

Jim Schiering

• • •

COVER LETTER

TO: Registration Section >

Division of	Corporations					
SUBJECT:	Florida	Estates Title, LLC				
	Name of L	imited Liability Company				
The enclosed Article	s of Amendment and fee(s) are	submitted for filing.				
Please return all corr	espondence concerning this ma	tter to the following:				
		James L. Schiering				
		Name of Person				
	Florida Estates Title, LLC					
		Firm/Company				
	28	2500 Tamiami Trial N. #215				
	Address					
		Naples, Florida 34103				
		City/State and Zip Code				
		m@floridaestatestitle.com	cotion)			
For further informati	on concerning this matter, plea	·	earton,			
James L. Schiering		at (435-9595			
Name of Person		Area Code & Daytime	Telephone Number			
Enclosed is a check f	or the following amount:					
\$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

FILED

2010 SEP 16 PM 12: 88

Flo	orida Estates Title, LLC	ZARA LIAT	RY OF STATE SEE, FLORIDA
(<u>Name of the Limited L</u> (A F	iability Company as it now appear lorida Limited Liability Company)	s on our records.)	<u>-,</u>
The Articles of Organization for this Limited Liab Florida document number	-	04/04/2006	and assigned
This amendment is submitted to amend the follow A. If amending name, enter the new name of the	_	<u>e</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicab	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		our records, enter	the name of the new
New Registered Office Address:		tar Florida atreat ada	lvaes
	Enter Florida street address		
	City	, Florida	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, <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 **Title** <u>Name</u> <u>Address</u> Type of Action MGR Schiering Enterprises, Inc. 292 Lambton Lane ✓ Add Remove Naples, Florida 34104 ☐ Add Remove ☐ Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 13, 2010 Dated _ Signature of a member of authorized representative of a member James L. Schiering MORM Typed or printed name of signee

Page 2 of 2
Filing Fee: \$25.00