

L06000077635

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000070597 3)))



H090000705973ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I200000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

2009 MAR 25 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

RECEIVED

09 MAR 25 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

HOME TRUST TITLE INSURANCE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

A. LUNT
MAR 26 2009

EXAMINE

Electronic Filing Menu

Corporate Filing Menu

Help

H09000070597

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OFHOME TRUST TITLE INSURANCE(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)FILED
2009 MAR 25 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDAThe Articles of Organization for this Limited Liability Company were filed on 01/7/2000 and assigned
Florida document number 200000077635

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HOME TRUST TITLE INS. 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."

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)

Florida

(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)

H09000070597

FROM : LAZARUS

FAX NO. : 3052201440

Mar. 25 2009 04:36PM P3

H09000070597

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

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED

2009 MAR 25 AM 10:58

SECRETARY OF STATE
TALLAHASSEE
FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

March 25th

2009

Signature of a member or authorized representative of a member

Patricia Rodriguez

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

H09000070597