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COVER LETTER

TO: Registration Section
Division of Corporations

Equitable Title of West Orlando, 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:

Sandy Johnston

Name of Person

Equitable Title of West Orlando, LLC

Firm/Company

6985 Wallace Road

Address

Orlando, FL 32819

City/State and Zip Code

sjohnston@equitabletitle.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandy Johnston

_{...}407、3**70-666**4

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for 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
Tallahassec. FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Equitable Title of West Orlando, 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 August 28, 2006 and assigned Florida document number L06000084859 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Dianne Harris	6985 Wallace Road	Add
		Orlando, FL 32819	Remove
MGR	F. Larry Joseph	6985 Wallace Road	
		Orlando, FL 32819	Remove
		· · · · · · · · · · · · · · · · · · ·	Remove
		AH A SA	FILE MIBNAY 22 PI
		F. Radio Rad	Remove
			Add
			Remove
			Add
			Remove

). If amending any other information	on, enter change(s) here: (Attach additional sheets, if necessary.)
 	
Mar. 04	2042
May 21	
Sandy	wmstn1)
Signa	ture of a member or authorized representative of a member
Sandy Johnston	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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