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Special Instructions to	Filing Officer:	

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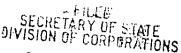
T. HAMPTON DEC - 2 2010 EXAMNER

COVER LETTER

TO: Registration So Division of Cor		ε,	t.	
SUBJECT:	INI ⁻	TITLE, LLC		
		ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		LEONID KABAKOV		
		Name of Person		
		INI TITLE, LLC		
		Firm/Company		
	3603	3 CARDINAL POINT D)R	
		Address		
	JAC	KSONVILLE, FL 3225	57	
		City/State and Zip Code		
	E-mail address: (1	TLE@BELLSOUTH.NE to be used for future annual repor	T notification)	
For further information c	oncerning this matter, please c			
LEO	NID KABAKOV	at (904)	214-8003	
Name o	f Person .	Area Code & D	Daytime Telephone Nur	mber
Enclosed is a check for the	ne following amount:			
▼ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	Certi closed) Certi	Filing Fee, ificate of Status & ified Copy itional copy is enclosed)
MAIL	ING ADDRESS:	STREET/CO	OURIER ADDRESS	S:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



10 NOV 30 AM ID: 1.2

	INI TIT	LE, LLC		112
(Name of the Limite	d Liability Comp	any as it now appear	rs on our records.)	
	A Florida Limited	Liability Company)		
The Articles of Organization for this Limited I	and assigned			
Florida document numberL0700002	.5772			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited lia	bility company her	<u>·e</u> :	
	N/	'Δ		
The new name must be distinguishable and end w		· · · · · · · · · · · · · · · · · · ·	my " the designation "I	I C" or the abbreviation
"L.L.C."	itii tile words Eli	inted Elaomity Compa	my, the designation i	ZEC Of the above viacio
		NI/A		
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		N/A		
		14// \		
(Mailing address MAY BE A POST OFFICE	<u>(BOX)</u>			
		~~~		
B. If amending the registered agent and	-		our records, <u>enter t</u>	he name of the nev
registered agent and/or the new registered of	office address he	<u>re</u> :		
Name of New Registered Agent:	LEONID KABAKOV			
V 5 1 100 111	3603 CAR	DINAL POINT D	R	
New Registered Office Address:	3003 OAIX		ter Florida street add	rocc
			ા 1 માં માત્ર કાર્ય કાર્યા	
	JA	CKSONVILLE	, Florida	32257
		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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGRM = N	inager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, en	nter change(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE STONS OF BORDIONS
Dated	11/22		— XS
	Signature o	f a member or authorized representative of a member	
	_	LEONID KABAKOV	
		Typed or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00