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DEC 17 2010
EXAMINER



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COVER LETTER

Division of Co	orporations		
SUBJECT:	IN	I Title LLC	
		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	oondence concerning this matte	r to the following:	
		Graham W. Syfert	
		Name of Person	
	Gra	ham W.Syfert, Esq.,P.A.	
		Firm/Company	
	15	29 ² Margaret St., Ste #2	
	·· · · · · · · · · · · · · · · · · · ·	Address	· · · · · · · · · · · · · · · · · · ·
	J	acksonville, FL 32204	
		City/State and Zip Code	
		graham@syfert.com (to be used for future annual report notific	
	E-mail address:	to be used for future annual report notific	cation)
For further information	concerning this matter, please	call:	
	aham W.Syfert	at t	383-7448
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

TO:

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

	INI Title LLC				
(Name of the Limite	d Liability Company as it now appe A Florida Limited Liability Company	ars on our records.)			
The Articles of Organization for this Limited I Florida document numberL0700002	Liability Company were filed on	March 8th, 2007	and assigned		
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liability company h	ere:			
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Com	pany," the designation "LI	LC" or the abbreviation		
Enter new principal offices address, if appli	cable:	an-od			
(Principal office address MUST BE A STRE	ET ADDRESS)		5		
		A H			
		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	5 J		
Enter new mailing address, if applicable:		<u></u> 5	BITT		
(Mailing address MAY BE A POST OFFICE		7.0			
)	35		
B. If amending the registered agent and registered agent and/or the new registered o	-	our records, enter th	e name of the new		
Name of New Registered Agent:	Graham W.Syfert				
New Registered Office Address:	1529 Margaret St., Ste #2	?			
•	<u> </u>	Enter Florida street address			
	Jacksonville	, Florida	32204		
	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Graham W.Syfert	1529 Margaret St., Ste#2, Jacksonville	ı_☑ Add Remove _
			Add Remove
			Add Remove
- - · · ·			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_
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			-
Dated	Signature of a member 5 Signature of a member 5 Signature of a member 6 Typed	or authorized representative of a member	
Les	Dentynow Ho	or printed name of signee	
	C Typeu	Page 2 of 2	

Page 2 of 2

Filing Fee: \$25.00