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| (Requestor's Name) | | | | | |
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| (Ac | ldress) | | | | |
| (Cit | ty/State/Zip/Phone | e #) | | | |
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| PICK-UP | WAIT | MAIL | | | |
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| (Bu | isiness Entity Nar | ne) | | | |
| (Do | cument Number) | | | | |
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| Certified Copies | _ Certificates | of Status | | | |
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| Special Instructions to | Filing Officer: | | | | |
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Office Use Only



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DIVISION OF CORPORATIONS

OR IAN - L PHI2: 51

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: FIRST RATE TITLE LLC (Name of Limited Liability Company) |
| (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: |
| ANDREW S. LEE ESQ. (Name of Person) |
| (Name of Person) |
| ANDREW S. LEE, P.A. (Firm/Company) |
| (Firm/Company) |
| 2853 EXECUTIVE PARK DR., #20) (Address) |
| (Address) |
| (City/State and Zip Code) |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| (Name of Person) at (950) 384-9601 (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\ \text{S60.00 Filing Fee, } \\ \text{Certified Copy (additional copy is enclosed)} \text{\$\ \text{Certified Copy (additional copy is enclosed)} \text{\$\}} \end{aligned} |

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

SECRETARY OF STATE DIVISION OF CORPORATIONS

08 JAN -4 PH 12: 51

| FIRST RA | TE TITLE LLC | | 71045 150 | | | |
|---|--|------------------------------------|-------------------------|--|--|--|
| (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 Liab Florida document number <u>L070000</u> 5623 | only company were med on | 199/07 | and assigned | | | |
| This amendment is submitted to amend the follow | ving: | | | | | |
| A. If amending name, enter the new name of t | he limited liability company here: | | | | | |
| The new name must be distinguishable and end with "L.L.C." | the words "Limited Liability Company," | the designation "L | LC" or the abbreviation | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | records, <u>enter t</u> | he name of the new | | | |
| Name of New Registered Agent: | AMARIN S. LEE, ESA. 2853 EXECUTIVE PARK I | | | | | |
| New Registered Office Address: | · · · · · · · · · · · · · · · · · · · | M. SLATE 201 Florida street add | | | | |
| | • | , Florida | | | | |
| | WESTUP (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 |
|--------------|--|---|---|
| MGLM | CUUNTAYMEDE TITLE ; SUTTLEMENT, INV. | 855) W. SUNRISC BLUD., SUITE 100 PLANTATION, FL 37322 | Add _ _ |
| MGLM | HERTTAGE TITLE & ESCROW, CLC | 2853 EXECUTION PART DA. SUTTI DOI WESTON, PL 33331 | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amend | ding any other information, enter change(s | s) here: (Attach additional sheets, if necessary.) | SECRETARY OF STATE DIVISION OF CORPORATIO OB JAN -4 PM 12: 5 |
| Dated | | · | - J |
| | / (mias Planta. | authorized representative of a member printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00