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SECRETARY OF STATE

G. MCLEOD

MAR 10 2008

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: Title Acquisitions & Escrow, 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:
Chris Amore
(Name of Person)
Title Acquisitions & Escrow, LLC
(Firm/Company)
5633 Strand Blvd, Suite 304
(Address)
Naples, FL 34110
(City/State and Zip Code)
For further information concerning this matter, please call:
Chris Amoreat (239_) 465-0737
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$ Certificate of Status Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed) 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 Tallahassee, FL 32301

FILED SECRETARY OF STATE DIVISION OF CORPORATION:

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Title Acquisitions & Escrow, I	LC	
(Name of the Limited L (A F	iability Company as it now appears on ou lorida Limited Liability Company)	r records.
,	, , ,,	•
The Articles of Organization for this Limited Liab	pility Company were filed on 5/29/07	and assigned
Florida document number <u>L07000056593</u>	·	
This amendment is submitted to amend the follow	ving:	
A. If amending name, <u>enter the new name of t</u>	he limited liability company here:	
The new name must be distinguishable and end with 'L.L.C."	the words "Limited Liability Company," the	designation "LLC" or the abbreviation
B. If amending the registered agent and/or		ords, enter the name of the new
registered agent and/or the new registered office	<u>ce address here</u> :	
Name of New Registered Agent:	Shannon Del Real	
Name Descriptional Office Address	5633 Strand Blvd, Suite 304	
New Registered Office Address:		rida street address)
	Naples	_, Florida <u>34110</u>
	(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 = M: MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
·			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
<u>C</u>	change address for the principal add	ge(s) here: (Attach additional sheets, if necessary.) dress as well for Christopher Amore and d Blvd, Suite 103, Naples, FL 34110	
Dated <u>Mar</u>		n Clin	
	Signature of a member Managina Typed	r or authorized representative of a member Member - Christophe or printed name of signee	r Amore

Page 2 of 2

Filing Fee: \$25.00