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T. CLINE
JUN 2 0 2011
EXAMINER

## **COVER LETTER**

TO:	Registration Sec Division of Corp					
SUBJI	ECT:	METRO TI	TLE GROUP, LLC			
	<del></del>	Name of Limited Liability Company				
		mendment and fee(s) are subdence concerning this matter	-			
		P	LAMENA VELIKOVA			
			Name of Person			
		METRO TITLE GROUP, LLC				
		7450 D				
		ORLANDO, FLORIDA 32819			-1 N	
			ALL SEC			
		info@metrotitlegroup.net  E-mail address: (to be used for future annual report notification)			全部 皇	
					2011 JUN 17 SECRETARY TALLAHASS	
For fur	ther information cor	ncerning this matter, please of	all:			
	PLAME	NA VELIKOVA	at (_407_)	739-9363	M 9: 5.9 OF STATE	
	Name of I	Person	Area Code & I	Daytime Telephone Number	TE SO	
Enclose	ed is a check for the	following amount:		,		
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status  MAILING ADDRESS: Registration Section			\$55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certified	e of Status &	
		STREET/C	OURIER ADDRESS:			

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**

The Articles of Organization for this Limited Liab lorida document number	53		and assigned	
lorida document numberL070001001	53	10/01/2007	and assigned	
	ring:			
his amendment is submitted to amend the follow	-			
. If amending name, enter the new name of the	ne limited liability company here	2:		
he new name must be distinguishable and end with the L.L.C."	the words "Limited Liability Compar	ny," the designation "L	LC" or the abbreviat	
nter new principal offices address, if applicab	le:			
Principal office address MUST BE A STREET	ADDRESS)			
			SE SE	
		<u> </u>		
nter new mailing address, if applicable:		ASA I		
• • • • • • • • • • • • • • • • • • • •			MO TO	
Mailing address MAY BE A POST OFFICE BO	<u></u>		TI TE	
		····		
. If amending the registered agent and/or egistered agent and/or the new registered office		ur records, <u>enter t</u>	hename of the n	
Name of New Registered Agent:	PLAMENA VELIKOVA			
New Registered Office Address:	7450 DR. PHILLIPS BLVD. # 312,  Enter Florida street address			
	ORLANDO	, Florida	32819	
	City		Zip Code	
ew Registered Agent's Signature, if changing Re	gistered 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. Qr., if this document is being filed to merely reflect a change in the registered office address hhereby confirm that the limited liability company has been notified in writing of this change.

> If Changing Registered Agent, Signature of New Registered Agent **PLAMENA VELIKOVA**

Page 1/of 2

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 Actio	j
MGR	NATALIA JII	MENEZ	6136 Froggatt	St., Orlando FL 32835	Add Remove	
					Add Remove	
		<del> </del>			Add Remove	
					Add Remove	
	<u> </u>				AHADINA JUN	ESSING SF
					Add Remove	
D. If amen	ding any other info	rmation, enter change(s	s) here: (Attach add	ditional sheets, if necessary.)	9: 5.9 STATE ORIDA	
_					<del>-</del>	
 Dated	June 15		1 (R/)	<u> </u>	_	
		fellelly	althous	PLAMENA VELIKOVA		
	Signature of a member or authorized representative of a member 7450 Dr. Phillips Blvd. # 312, Orlando FL 32819					
		Typed or	printed name of sign	ee		

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Filing Fee: \$25.00