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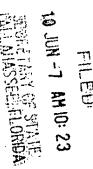
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COVER LETTER

	tion Section of Corporations		•
SUBJECT:	OMEGA TITL	E 4C	
	Name of Limi	ted Liability Company	
The enclosed Arti	cles of Amendment and fee(s) are sub	omitted for filing.	
Please return all c	orrespondence concerning this matter	to the following:	
	KATHERIN	E MALING VA Name of Person	66IO
	OMEGA	TITLE LLC Firm/Company	· · · · · · · · · · · · · · · · · · ·
	13/21 UN	Address Orive	
	FORT MYE	City/State and 7 in Code	707
t.	Katnali. E-mail address: (City/State and Zip Code Omega +: He & 6 m: 1 to be used for future annual report notifical	· Com
For further inform	nation concerning this matter, please c		
	Name of Person	at () Area Code & Daytime T	elephone Number
Enclosed is a chec	ck for the following amount:		
\$25.00 Filing	Fee \$\bigcip\$\$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:	STREET/COURIE	R ADDRESS:

MAILING 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

1311 Fr 0

OMEGA TITL	E LLC	10 JUN -7 AM 10: 23
(Name of the Limited Liabil (A Florid	ity Company as it now appears a Limited Liability Company	PALLAHASSEE, ELORIDA
(ATTIOTIE	a Ellinica Elability Company	PAILLAGESSEE ELORIBE
The Articles of Organization for this Limited Liability	Company were filed on _	//-7-2007 and assigned
Florida document number <u>L0700011256</u>	9	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company h	<u>eere</u> :
The new name must be distinguishable and end with the w'L.L.C."	vords "Limited Liability Com	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADI</u>	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg		our records, enter the name of the new
registered agent and/or the new registered ornee at	iuress nere.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		, Florida
-	Citv	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 = Man MGRM = M	ager anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Scort DASCAMI	12671 BISCAYME LT NAMES, FL 34105	Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		AddRemove
D. If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa	ry.)
***	·		BUN-7 M
	6-/-/0 A.		AM IO: 23
Dated	(ala Val)	er or authorized representative of a member	<u>β</u> # ω
)	IF MALTWGVA GGTO d or printed name of signee	<u> </u>

Page 2 of 2

Filing Fee: \$25.00