

L07000123502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

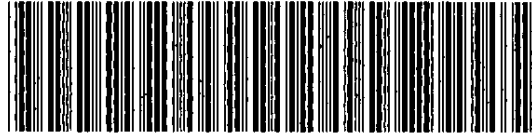
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Collins

JUL 18 2008

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Concord National Title Agency, 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:

Mollie Winsted

(Name of Person)

(Firm/Company)

3726 Gaviota Dr

(Address)

Ruskin FL 33573

(City/State and Zip Code)

For further information concerning this matter, please call:

Mollie Winsted

(Name of Person)

at (813) 892-5977

(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  
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

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

08 JUL 17 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Concord National Title Agency, LLC

(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 Liability Company were filed on December 12, 2007 and assigned  
Florida document number LO7606123502.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

150 E Bloomingdale Ave  
Brandon, FL 33511

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

3720 Gaviota Dr  
Ruskin, FL 33573

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Mollie Winsted

New Registered Office Address:

150 E Bloomingdale Ave

(Enter Florida street address)

Brandon

(City)

Florida

33511-8151

(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

Title	Name	Address	Type of Action
MGRM	Mollie Winstead	150 E Bloomingdale Ave Brandon, FL 33511	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Michael J. McDonald	1620 Main St., Suite 11 Sarasota FL 34236	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Linda Frank	1620 Main St., Suite 11 Sarasota FL 34236	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE FLORIDA

Dated July 15, 2008



Signature of a member or authorized representative of a member

Michael J. McDonald

Typed or printed name of signee