

L070000126134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

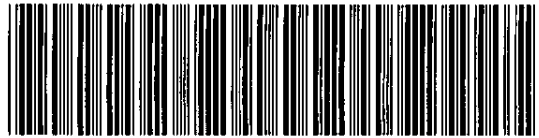
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
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J. BRYAN

NOV - 4 2008

EXAMINER

# Reinhard G. Stephan

Attorney At Law

Telephone 407 772-3337

Fax 407 772-3339

241 S. Westmonte Drive, #1010  
Altamonte Springs, Florida 32714

October 31, 2008

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

VIA Overnight Courier

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RE: Merger Documents for Brokers Title Offices:

To Whom It May Concern:

Please find enclosed several forms that need to be filed for the above entities in the following order:

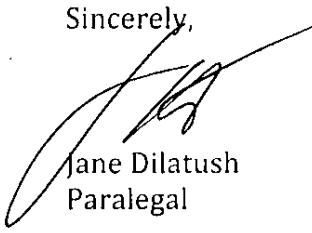
Articles of Amendment for Brokers Title of Central Florida, LLC -	\$25.00
Certificate of Merger for Brokers Title of Central Florida, LLC -	\$25.00
and Brokers Title of Orlando VIII, LLC	\$25.00
Certificate of Merger for Brokers Title of Tampa, LLC -	\$25.00
and Brokers Title of Tampa III, LLC	<u>\$25.00</u>
<b>TOTAL</b>	<b>\$125.00</b>

Please file these amendments in the order listed above.

I have included our check in the amount of \$125.00 for the above fees.

If you have any questions, please give me a call.

Sincerely,



Jane Dilatush  
Paralegal

Enclosure

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BROKERS TITLE OF CENTRAL FLORIDA, 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:

JANE DILATUSH

(Name of Person)

REINHARD G. STEPHAN, ESQUIRE

(Firm/Company)

241 S WESTMONTE DRIVE #1010

(Address)

ALTAMONTE SPRINGS FL 32714

(City/State and Zip Code)

For further information concerning this matter, please call:

JANE DILATUSH at ( 407 ) 772-3337  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
08 NOV - 3 PM 3:28

BROKERS TITLE OF CENTRAL FLORIDA, 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 12/20/2007 and assigned  
Florida document number L07000126134.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

**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:

N/A

New Registered Office Address:

(Enter Florida street address)

, Florida

(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

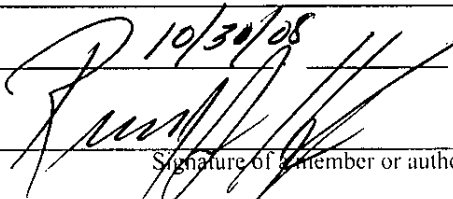
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGMR	REINHARD G. STEPHAN ESQ.	631 N. WYMORE ROAD #250 MAITLAND, FL 32751	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGMR	ALAN LANDOW	631 N. WYMORE ROAD #250 MAITLAND, FL 32751	<input checked="" type="checkbox"/> Add <input 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

N/A

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Dated

10/30/08  


Signature of member or authorized representative of a member

REINHARD G. STEPHAN, ESQUIRE

Typed or printed name of signee