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SECRETARY OF STATE
TALL AHASSEE FLOOR

T. HAMPTON

AUG - 5 2008

EXAMINER

COVER LETTER

Division of Corp						
SUBJÈCT: Lighto	ouse Affiliated Tit (Name of Lim	Le Company, LLC ited Liability Company)				
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.				
Please return all correspon	idence concerning this matter	to the following:				
	Scott J. Worts	nan, Esq.				
		(Name of Person)				
	Ward, Damon &	Posner, P.A.				
		(Firm/Company)				
	4420 Beacon Circle					
	(Address)					
	West Palm Beach, FL 33407					
		(City/State and Zip Code)				
For further information co	ncerning this matter, please ca	all:				
Scott J. Wortma	n, Esq.	at (561) 842-3000				
(Name of		(Area Code & Daytime T	'elephone Number)			
Enclosed is a check for the	e 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 Fec, Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 الشاراء أراه الأسلا

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

100 26 15008

\$25.99

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lightouse Affiliated Title (Name of the Limited Liability Control		on our re	cords.)
(A Florida Li	mited Liability Company)		
The Articles of Organization for this Limited Liability Co	mpany were filed onJu	ly 14,	2008 and assigned
Florida document numberL08000067677	-•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
Lighthouse Affiliated Title Company	y, LLC		
The new name must be distinguishable and end with the word: "L.L.C."	s "Limited Liability Company	," the des	ignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	ESS)		8
			NY C
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			<u>νη ω</u>
B. If amending the registered agent and/or registered agent and/or the new registered office addre		r record:	s, <u>enter the name of the new</u>
Name of New Registered Agent:			
New Registered Office Address:			
	(Ente	r Florida	street address)
		, F	lorida
	(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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action			
			Add Remove			
			Add Remove			
			Add Remove			
			= 5			
			Add Remove			
			Add Remove			
D. If am	ending any other information, enter change	e(s) here: (Attach additional sheets, if necess	-			
			FILED 08 AUG -4 PM 1: 30 SECRETARY OF STATE ALLAHAS SEE, FLORIDA			
Dated	Signature of a member Scott J. Wortman	or authorized representative of a member	0			
		or printed name of signee				

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Filing Fee: \$25.00