

Division of Corporations

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L08000084886

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.
Account Number : I20010000025
Phone : (305) 935-3500
Fax Number : (305) 935-9042

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
REO TITLE COMPANY OF FLORIDA, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

C. LEWIS

OCT - 3 2012

EXAMINER

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

2012 OCT -2 AM 8:56

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

REO TITLE COMPANY OF 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 09/05/2008 and assigned Florida document number L08000084886

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)

Enter new mailing address, if applicable:

(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:

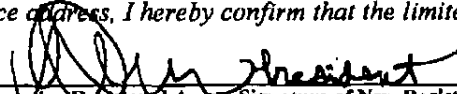
Name of New Registered Agent: LEOPOLD KORN, P.A.

New Registered Office Address: 20801 BISCAYNE BOULEVARD, SUITE 501
Enter Florida street address

AVENTURA, Florida 33180
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

Title	Name	Address	Type of Action
MGR	LEOPOLD KORN LEOPOLD & SNYDER, P.A.	20801 BISCAYNE BOULEVARD, SUITE 501 AVENTURA FL 33180 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP	JENNIFER SNYDER	20801 BISCAYNE BOULEVARD, SUITE 501 AVENTURA FL 33180 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	LEOPOLD KORN, P.A.	20801 BISCAYNE BOULEVARD, SUITE 501 AVENTURA FL 33180 US	<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

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

Dated October 1, 2012



Signature of a member or authorized representative of a member

KAREN LEOPOLD, President

Typed or printed name of signee

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