

Sep. 7. 2011

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Florida Department of State
Division of Corporations
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LO9000011563

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

From: Account Name : FLORIDIAN TITLE GROUP, INC.
Account Number : I20110000009
Phone : (305) 792-4911
Fax Number : (954) 337-3763

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FLORIDA FORECLOSURE TRANSACTIONS LLC**

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

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TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FLORIDA FORECLOSURE TRANSACTIONS 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 02/04/2009 and assigned
Florida document number L09000011663.

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: MIGUEL LULINSKI

New Registered Office Address: 19300 WEST DIXIE HWY, STE#4

Enter Florida street address

North Miami

City

Florida

33180

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

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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	ZIMA, VALENTINA	19300 W. DIXIE HWY ST.#4 NORTH MIAMI, FL 33180	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	LULINSKI, MIGUEL	19300 W. DIXIE HWY ST.#4 NORTH MIAMI, FL 33180	<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.)

Dated AUGUST 30TH, 2011

Valentina Zima
Signature of a member or authorized representative of a member

VALENTINA ZIMA, MANAGER
Typed or printed name of signee

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