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C. LEWIS

JUN 1 9 2009

EXAMINER

•	COVER LETTER .
TO:	Registration Section Division of Corporations
SUBJI	ECT: A mex Title, LCC.
3000	Name of Limited Liability Company
The en	nclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Cinthia Lopez Name of Person
	Amex Title CC. Firm/Company
	4403 W. Tracewinds Ave #3rd. Address FLOOK
	City/State and Zip Code CIOPEZ @ 1St-capital grosp. com E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
	Cinthia Lopez at (954) 357-3838 Name of Person Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amount:
∑ \$25	5.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\ \text{Certified Copy (additional copy is enclosed)}} \$\ \text{Certified Copy (additional copy

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2009 JUN 18 PM 1: 16

Amex	Tithe LLC	SEGRETARY OF STATE	A"		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on c ted Liability Company)	SECRETARY OF STATE our records.)TALLAHASSEE, FLORID			
The Articles of Organization for this Limited Liability Comp	pany were filed on 2/2	5/09 and assigned			
Florida document number L 09 00000 1904	2				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	liability company here:				
Opera	Title, LLC	The second of th			
The new name must be distinguishable and end with the words "l"L.L.C."	Limited Liability Company," t	-	7		
Enter new principal offices address, if applicable:	4403 W T	radewinds Ave Flo			
(Principal office address MUST BE A STREET ADDRESS	1) Lauderdal	e by the Sea, FL.3	:33 ⁰		
Enter new mailing address, if applicable:	same	as above			
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ecords, enter the name of the new			
-					
Name of New Registered Agent:					
New Registered Office Address:		es and			
· · · · · · · · · · · · · · · · · · ·	Enter Florida street address				
		, Florida			
4+7-1	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

MGRM = N	nnager Managing Member		2089 JUN 18 PM 1: 16	
<u> Fitle</u>	<u>Name</u>	Address	SECRETARY OF STATE TABLAHASSEE. FLORIDA	Type of Action
				Add Remove
				Add Remove
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). If amen	ding any other information, enter o	change(s) here: (Attac	ch additional sheets, if necessary.)	
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	June 15th	2009		

Page 2 of 2

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