

Division of Corporations Public Access System

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(((H09000125861 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

Prom:

Account Name : A.S.A.P TITLE CORP.

Account Number : I20020000017

Phone

: (305)377-1000

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J. BRYAN

MAY 2 1 2009

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Corporate Filing Menu

EXAMINER

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05/20/2009 12:17

#404 P.002/004

COVER LETTER

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		COVERDELLER	(((1103000123861 3)))
TO: Registration Se Division of Cor			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and feo(s) are suf	ornitted for filing.	,
Please return all correspon	ndence concerning this matter	to the following:	
	<u>Carlos</u>	Name of Person	OS A 20 A 8: 30 TALLARSSEE, FLORIS TALLARSSEE, FLOR
•	Contos L	Firm/Company	A A A A A A A A A A A A A A A A A A A
	2030 Da	glas Road, Sed	0 210 F. S.
	Coral Co	City/State and Zip Code	134
	Cmchado E-mail address: (Coso HHECO O	(cm
For further information co	oncerning this matter, please o	al}:	
Carlos M. Name of	Machado, E	Area Code & Daytime Tele	phone Number
Enclosed is a check for the	e following amount:		
\$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H09000125861 3)))

Name of the Limited Liabil	lty Company as it now appears o	n our records.)	
(A Florid	lty Company as it now appears of a Limited Liability Company)	_	
The Articles of Organization for this Limited Liability	Company were filed on 90	17,0009 Famass and T	
Florida document number LOGOOO33769	<u>a</u> .	至 ミニ	
		75 A	
This amendment is submitted to amend the following:	;	带 某	
-		EE. FL	
A. If amending name, enter the new name of the li	mited liability company here:	OFF 3	
		一一 一	
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Company,	" the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	Approximation in the control of the		
(Principal office address MUST BE A STREET ADD	DRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		records, enter the name of the new	
Name of New Registered Agent:			
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 amending the Managers or Managing Members on our records, enter the title, name, and address of each h or Managing Member being added or removed from our records:

MGR == M#I MGRM = M	rager launging Member	(((H 09 00	(0125861 3)))
Tirk	Name	Address	Type of A
MCVM	DAY35 YOUR	P.C. Box 40 2687 Mum Beach, Fr 331	Add Remove
<u>ng-rm</u>	ZEYAD BUDY	Pabox 402687	Add YO Remove
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D. If smend	ing any other information, enter chang	e(s) bere: (Attach additional sheets, if no	essary.;
			O9 MAY 20 SECRETARY LLAHASSE
Onted	Signature of a member	or nullhorized representative of a member	AM 8: 30 OF STATE E. FLORIDA
•	Typed	or printed name of signer	****

Page 2 of 2 Filing Fee: \$25.00