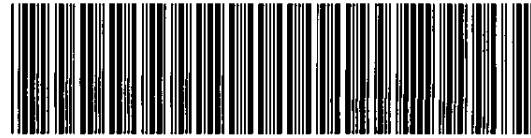


LD9000070282



800214566968

11/30/11--01010--027 **25.00

2011 NOV 30 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

C. LEWIS
DEC 1 2011
EXAMINER

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INDIAN RIVER TITLE, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

M. CAROL CONKLING-BERRY
Name of Person
INDIAN RIVER TITLE , LLC
Firm/Company
124 Country Club Drive
Address
Titusville, FL 32780
City/State and Zip Code
carolconkling@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carol Conkling-Berry at (321) 567-4910
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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 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

FILED

2011 NOV 30 PM 12:36

Indian River Title, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 7/21/2009 and assigned
Florida document number L09000070282.

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:

M. Carol Conkling-Berry

New Registered Office Address:

124 Country Club Drive

Enter Florida street address

Titusville

, Florida

32780

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.

M. Carol Conkling-Berry
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	John W. Kendall	124 Country Club Dr. Titusville, FL 32789	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Ana M. Kendall	124 Country Club Dr. Titusville, FL 32780	<input type="checkbox"/> Add <input checked="" 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 November 28, 2011

M. Carol Conkling-Berry
Signature of a member or authorized representative of a member

M. Carol Conkling-Berry
Typed or printed name of signee

2011 NOV 30 PM 12:36
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 FILED