

**L09000070610**

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(Address)

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(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS  
11 APR -4 AM 12

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Equitable Title Group, 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:

Sandy Johnston

Name of Person

Equitable Title Group, LLC

Firm/Company

6985 Wallace Road

Address

Orlando, FL 32819

City/State and Zip Code

sjohnston@equitabletitle.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandy Johnston

Name of Person

at ( 407 )

370-6664

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 24, 2011

SANDY JOHNSTON  
6985 WALLACE ROAD  
ORLANDO, FL 32819

SUBJECT: EQUITABLE NATIONAL TITLE GROUP, LLC  
Ref. Number: W11000016725

We have received your document for EQUITABLE NATIONAL TITLE GROUP, LLC and your check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 011A00007158

**Equitable National Title Group, LLC**  
**6985 Wallace Road**  
**Orlando, FL 32819**  
**407-370-6664**

March 31, 2011

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Equitable National Title Group, LLC  
Ref. Number: W11000016725

To Whom It May Concern:

This letter is to notify you that we have no intention of revoking the dissolution for Equitable National Title Group, LLC. Therefore, please release the name for use to another entity.

Sincerely,

A handwritten signature in black ink, appearing to read 'F. Larry Joseph', with a long horizontal flourish extending to the right.

F. Larry Joseph

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 APR -4 AM 10:12

Equitable Title Group, 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 July 22, 2009 and assigned  
Florida document number L09000070610.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Equitable National Title Group, LLC

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:

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 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

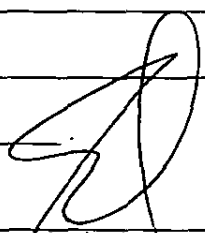
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Suzann B. Dennis	6985 Wallace Road	<input type="checkbox"/> Add
		Orlando, FL 32819	<input checked="" type="checkbox"/> Remove
MGRM	Suzann B. Dennis	6985 Wallace Road	<input checked="" type="checkbox"/> Add
		Orlando, FL 32819	<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated

3/10, 2011



Signature of a member or authorized representative of a member

Suzann B. Dennis

Typed or printed name of signee

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