3	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone 1	¥) .
PICK-L	JP WAIT	MAIL MAIL
	(Business Entity Name	•)
* # *	(Document Number)	
Certified Copies	Certificates o	of Status
Special Instruction	ns to Filing Officer:	,
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COVER LETTER

TO:	Registration Se Division of Cor		÷		<i>t.</i>	
SUBJ	'. ECT:		& Abstract, LLC ed Liability Company			
The en	nclosed Articles of	Amendment and fee(s) are subr	nitted for filing.			
Please	return all correspo	ondence concerning this matter t	to the following:			
			Gregory Whitworth			
			Name of Person			
		·Vista	a Title & Abstract, LL0	2		
			Firm/Company			
		400	NEED AND THE			
		490	05 East Colonial Drive	<u> </u>		
·			Addiços			
		•	Orlando, FL 32803			
			City/State and Zip Code			
		Gv	vhitworth@cfl.rr.com			
		E-mail address: (to	be used for future annual repo	nt notification)		
For fu	rther information o	concerning this matter, please ca	iii:			
Greg Whitworth		at (_407_)	310-0755			
	Name o	f Person	Area Code & I	Daytime Telephone Number		
Enclo	sed is a check for t	he following amount:				
\$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en		of Status &	d)

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

- (c)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vista Ti	tle & Abstract, LLC				
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our re Limited Liability Company)	cords.)			
The Articles of Organization for this Limited Liability Compared to the Florida document number <u>L1000030</u>	Company were med on — · · ·	2010 and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	nited liability company here:				
-					
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," the des	signation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD	RESS)				
•	···· · · · · · · · · · · · · · · · · ·	<u> </u>			
•		(C)			
Enter new mailing address, if applicable:		TO S TO			
(Mailing address MAY BE A POST OFFICE BOX)		Service Description			
:					
		500			
B. If amending the registered agent and/or regis	stered office address on our record				
registered agent and/or the new registered office add	dress here:	¥ 5			
•					
Name of New Registered Agent:	·				
New Registered Office Address:					
	Enter Florida	street address			
	,	. Florida			
	City	Zin 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 Manager or Manager being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title <u>Name</u> Address Type of Action MGR Tuoi Luu .☑ Add □ Remove 4905 East Colonial Dr. Orlando, Fl. 32803 MGR Gregory Whitworth 4905 East Colonial Dr. ☐ Add ✓ Remove Orlando, FL 32802 **MGRM** Thi Luu 4905 East Colonial Dr. Orlando: FL=32803 ☐ Add Remove Add Remove \Box Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July 1st 2010 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00