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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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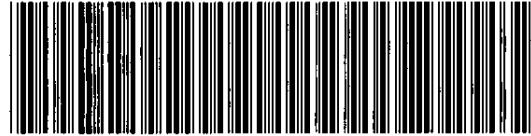
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JUN - 1 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations



SUBJECT: Attorneys' Closing Solutions, LLC (name change attached)
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:

John H. Simmons

Name of Person

ATIF Closing Solutions, LLC

Firm/Company

6545 Corporate Centre Blvd., Suite 210

Address

Orlando, FL 32822

City/State and Zip Code

JSimmons@ATIF.com

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

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11 MAY 31 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

John H. Simmons

Name of Person

at (855)

730-4747

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:

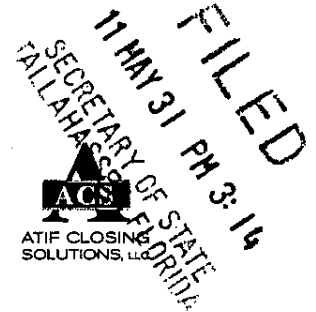
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

A handwritten signature in black ink, located at the bottom right of the page.

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF



Attorneys' Closing Solutions, 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 4/26/2010 and assigned
Florida document number L10000044723.

This amendment is submitted to amend the following:

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

ATIF Closing Solutions, 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:

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

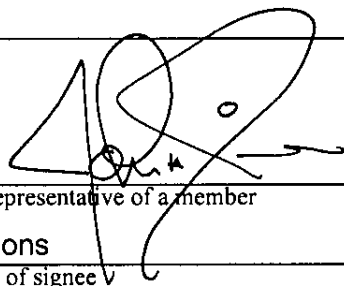
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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MAY 13 6 17 PM '11
STATE OF FLORIDA
TALLAHASSEE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated May 25, 2011.



Signature of a member or authorized representative of a member
John H. Simmons

Typed or printed name of signee