

L100000061126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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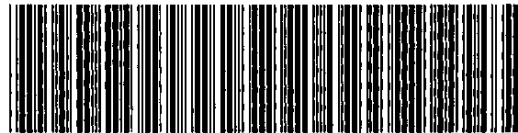
Special Instructions to Filing Officer:

**L. SELLERS**

NOV - 1 2010

**EXAMINER**

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10/29/10--01014--014 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 OCT 29 PM 3:43

**FILED**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FIRST ACTION TITLE AGENCY, 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:

**JAMIE MAHONEY**

Name of Person

**FIRST ACTION TITLE AGENCY, LLC**

Firm/Company

**9050 PINES BOULEVARD, STE 425**

Address

**PEMBROKE PINES, FLORIDA 33024**

City/State and Zip Code

**JAMIE@FIRSTACTIONTITLE.COM**

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

For further information concerning this matter, please call:

**JAMIE MAHONEY**

Name of Person

at ( **954** )

**272-6122**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**FIRST ACTION TITLE AGENCY, 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 06/07/2010 and assigned  
Florida document number L10000061126.

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)**

9050 PINES BOULEVARD

SUITE 425

PEMBROKE PINES, FL 33024

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

9050 PINES BOULEVARD

SUITE 425

PEMBROKE PINES, FL 33024

**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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<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.)*

AMENDING THE PRINCIPAL ADDRESS TO READ AS FOLLOWS:

FIRST ACTION TITLE AGENCY, LLC

9050 PINES BOULEVARD, SUITE 425

PEMBROKE PINES, FL 33024

Dated OCTOBER 20 2010

\_\_\_\_\_  
Signature of a member or authorized representative of a member

JAMIE MAHONEY

\_\_\_\_\_  
Typed or printed name of signee