## #L11000081528

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2 JUL - 9 RM 5: 05

K. SALY EXAMINER JUL 9 - 2012



June 28, 2012

ATTORNEY ESCROW & TITLE, LLC. MARLENE DEMARMELS 1425 DEL PRADO BLVD. S CAPE CORAL, FL 33990

SUBJECT: ATTORNEY ESCROW & TITLE, LLC.

Ref. Number: L11000081528

We have received your document for ATTORNEY ESCROW & TITLE, LLC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

## Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L07000112569 "OMEGA TITLE LLC".

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly Regulatory Specialist II

Letter Number: 412A00017630

FILED

12 JUL -9 PM 5:05

GECKETARY OF STATE FALLAHASSEE, BLORIDA

Att: Keren A Saly

Regulatory Specialist II

Florida Department of State

In regards to name conflict L07000112569 "Omega Title, LLC" managing members have given consent for Attorney Escrow and Title LLC to do a name change and use the name Omega Title Florida, LLC. Managing members will have a ownership interest in Omega Title Florida, LLC.

Thank you

Fred Price

239-770-7121 421

Kathenne Halinguaggio Inlaging Member of Ollega Titre

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ATTORNEY FORDW AND 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:
FRED PRICE  Name of Person
Firm/Company
1425 DEL PLADO BUDS
CAPE COLL & 38990  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
FRED PRICE at (289) 770 - 712   Name of Person Area Code & Daylime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee \$\ \times \\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certificate of Status &

(additional copy is enclosed)

MAILING ADDRESS:

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

Certified Copy

(additional copy is enclosed)

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301

No. 7585 P. 4

FILED

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

12 JUL - 9 PM 5: 05
SEURLIANT OF STATE
TALLAHASSEE, FLORIDA

ATTORNEY	ESCROV	J +TITLE	U.C.	
(Name of the Limited )	Jability Company Plorida Limited Lia	hall now appears on our	i erdi(is.)	
The Articles of Organization for this Limited Lia Florida document number	bility Company in	vere Nied on _ 2/10/2	201 <b>7</b> ar	nd assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited limbil	ity company here:		
The new name invet be distinguishable and end with "L.L.C."	FLDRUD the words "Limite	d Liebliny Company," the d	tesignation "LLC" o	r the abbreviation
Enter new principal offices address, if applica	ble;	1425 DEL	PULL DO E	SUUDS A-B
(Principal office address MUST BE A STREET	"ADDRESS)	CAPE LONA	L FL 33	990
Enter new mailing address, if applicable: [Mailing address MAY BE A POST OFFICE E	<u>0x</u> 1	1475 DZ CAPE COM	11400 F H. 92 83	1005 Ang
B. If amending the registered agent and/or registered agent and/or the new registered off			rds, <u>enter the na</u>	mo of the new
Name of New Registered Agent:	MARUE	DE DEMARIN	45	
Now Registered Office Address:	1425 P	D PIMOO P Enter Florid	SUND 5 da street address	ATR
	CHOEL	ONAL CIN	, Plorida <u>Zip</u>	3990 Code
New Registered Agent's Bignature, If changing R	egistered Agonti	•	·	

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 of 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, Slenature of New Registered Agent

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with

Page 1 of 2

MGR = Manager

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:

MGRM = M	anaging Member		•
<u>Title</u>	Name	Address	Type of Action
WPGW	TOOD I SHWATZ	9695 COUTGE PILLS #	Add Remove
MPB	MARIENE DIMMINUS	0495 DO MAGO BUDS 0495 COMIL G. 33920	Add Remove
M <u>brn</u>	ILATHERINE MALMWAGGI	O MINES DEL MADO BUNDS	Add Remove
			Add Remove
			Add Remove
			Add Remoye
D. If amend	ing any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	_
<u>·</u> —			<del></del>
Dated	Signature of a member of	rauthorized representative of a member	
	M3D	PRICE printed name of signee	
	- )	· · · · · · · · · · · · · · · · · · ·	

Page 2 of 2

Filing Fee: \$25.00