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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

OCT - 6 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FRANKLIN STREET 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:

PHILLIP YOST  
Name of Person  
NP HOLDINGS GROUP, LLC  
Firm/Company  
1509 W. SWANN AVE #240-A  
Address  
TAMPA FL 33606  
City/State and Zip Code  
PYOST@COMPASSLANDANDTITLE.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JESSICA GILARDONI at (813) 254-3535  
Name of Person 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

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FRANKLIN STREET TITLE LLC

The Articles of Organization for this Limited Liability Company were filed on 9/23/2011 and assigned  
Florida document number L 21 000 108911

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TALLAHASSEE, FLORIDA

Page 1 of 2

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:

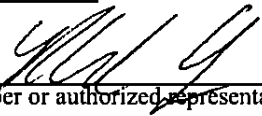
MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	NP HOLDINGS LLC	1509 W SWANN AVE #240A TAMPA FL 33606	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	NP HOLDINGS GROUP, LLC	1509 W. SWANN AVE #240A TAMPA FL 33606	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <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.)

Dated OCT 4, 2011

Signature of a member or authorized representative of a member 

Typed or printed name of signee PHIL YOST

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