## 111000136213

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D. BRUCE
DEC 0 9 2011
EXAMINER

## **COVER LETTER**

то:	Registration S Division of Co				
SUBJÉ	CT:	TRUT	H IN TITLE LLC		
		· · · · · · · · · · · · · · · · · · ·	mited Liability Company		<b></b>
The en	closed Articles of	f Amendment and fee(s) are	submitted for filing.	•	
Please	return all corresp	ondence concerning this mat	ter to the following:		
	,	<u></u>	STEVEN R DARIA		
			Name of Person		
			Firm/Company		_
		17000	17000 ALICO COMMERCE CT #108  Address		— <u> </u>
		F	FORT MYERS FL 3396	5 <b>7</b>	
	•		City/State and Zip Code		A SSE
		E-mail address	RIASTEVE@GMAIL.C : (to be used for future annual rep	ort notification)	
For furt	her information of	concerning this matter, please	e call:		ALE ALE
STEVEN R DARIA  Name of Person		at ( 239 )	425-5671		
	Name (	or rerson	Area Code &	Daytime Telephone Num	ber
Enclose	ed is a check for t	he following amount:			
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	Certif nclosed) Certif	Filing Fee, icate of Status & ied Copy ional copy is enclosed)
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327	Registration Division of Clifton Bui	Corporations	:

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	JTH IN TITLE LLC		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears a Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Florida document numberL11000136213	Company were filed on	12/2/2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		
The new name must be distinguishable and end with the w	words "Limited Liability Company	," the designation	
Enter new principal offices address, if applicable:			≥ R n
(Principal office address MUST BE A STREET ADI	DRESS)		SS de
Enter new mailing address, if applicable:			PR I: 11
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg		r records, <u>ente</u>	the name of the no
Name of New Registered Agent:			
New Registered Office Address:	Enter	r Florida street a	ddress
		, Florida	
	City	,	Zip Code
New Registered Agent's Signature, if changing Register	red 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

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

<u>Title</u> Name Type of Action **Address** MGR STEVEN R. DARIA 2100 BARKELEY LN #6 √ Add Remove FORT MYERS FL 33907 ☐ Add ☐ Remove ☐ Add Remove Add [ Remove  $\square$ Add Remove  $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) STILL DECEMBER Signature of a member or authorized representative of a member STEVEN R. DARIA Typed or printed name of signee

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Filing Fee: \$25.00