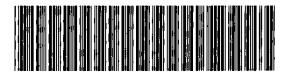
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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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SEGRETARY OF STATE

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T. CLINE

DEC 28 2011

EXAMINER

COVER LETTER

		rporations .				
SUBJEC	CT:	TRU	TH IN TITLE	<u> </u>		
		Name of Limi	ited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sul	bmitted for filing.			
Please re	turn all correspo	ondence concerning this matter	r to the following:			
			STEVEN R DARIA Name of Person			
			Name of Person			
	TRUTH IN TITLE					
	Firm/Company					
	17000 ALICO COMMERCE CT #108				10 h	
			Address			
		FC	ORT MYERS FL 3396	7	ZHI DEC 2	God bo
City/State and Zip Code		Fig. 4	1			
DARIASTEVE@GMAIL.COM E-mail address: (to be used for future annual report notification)				E C R		
For furthe	er information c	e-mail address: (•	or notification)	STATE ORIBA	
	STE	VEN R DARIA	at (239)	425-5671		
	Name o	f Person	Area Code &	Daytime Telephone Number		
Enclosed	is a check for th	ne following amount:				
\$25.00	0 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er		of Status &	

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

TRUTH IN TITLE	E LLC		_	
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our reco Company)	rds.)		
The Articles of Organization for this Limited Liability Company were f	iled on12/2/20	11 and	assigne	ed
Florida document numberL11000136213				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability co	mpany here:			
TRUTH N TITLE L	LC			
The new name must be distinguishable and end with the words "Limited Liab" L.L.C."	bility Company," the design	nation "LLC" or t	he abbro	eviation
Enter new principal offices address, if applicable:		# X	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		建 語	DEC.	** Tagge
		200	<u>~</u>	Estima personal
	, , , , , , , , , , , , , , , , , , ,	M Y O		
Enter new mailing address, if applicable:		11 (v)	3	F
(Mailing address MAY BE A POST OFFICE BOX)		25	-	~ sand 3
		*	63	
B. If amending the registered agent and/or registered office ad registered agent and/or the new registered office address here:	ldress on our records,	enter the nam	e of th	ie new
Name of New Registered Agent:		<u> </u>		
New Registered Office Address:				
	Enter Florida str	reet address		
		rida		
City		Zip C	ode	

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 = Ma MGRM = N	anager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
 			Add Remove
			Add Remove
MT			Ago Za Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary	F STATE
Dated	,		
	5	or or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00