L12000007492

, (Re	equestor's Name)			
(Address)				
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(Ci	ty/State/Zip/Phone	= #)		
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SECRETARY OF AMIL: 01

C. LEWIS

MAY 17 2012

EXAMINER

COVER LETTER

TO: Registration S Division of Co	ection rporations	i in the second	Determine		
***		4	**		
SUBJECT:		Connection, LLC			
	Name of Limi	ted Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		Jessica Nazario			
Name of Person					
Your Title Connection, LLC					
		Firm/Company			
	8525 Pocasset Place				
		Address			
	Orlando, FL 32827				
	City/State and Zip Code				
	jnazario E-mail address: (i	o@yourtitleconnection.com to be used for future annual report notificat	ion)		
For further information	concerning this matter, please c	all:			
Je	ssica Nazario	at (407) 72 Area Code & Daytime To	22-7625		
Name	of Person	Area Code & Daytime To	elephone 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)		
24.44	LING ADDDDGG	CTD CCT/COUDIFIE	ADDDEGG		

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

FILED

12 MAY 16 AM 11:01

Your Title Connection, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 01/17/2012 The Articles of Organization for this Limited Liability Company were filed on _____ and assigned L12000007492 Florida document number 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

Zip Code

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>	Address	Type of Action
MGRM	Nestor E. Hernandez	4304-B Lake Underhill Road Orlando, FL 32803	✓ Add Remove
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			Add Remove
			Add Remove
			Add Remove
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D. If amen	ding any other information, enter ch	nange(s) here: (Attach additional sheets, if necess	ary.)
 			12 MAY I SECIRLIA TALLAIM
 Dated	5/14/12	a Continu	FILED Y 16 AMII: 01 LAR: OF STAT HASSEE, FLORIE
•		Jessica Nazario yped or printed name of signee	<u> </u>

Page 2 of 2

Filing Fee: \$25.00