

L/2000007492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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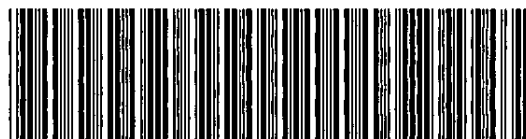
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

B. BOSTICK

JUL - 9 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Your Title Connection, 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:

Jessica Nazario

Name of Person

Your Title Connection, LLC

Firm/Company

14129 Town Loop Blvd., Suite 100

Address

Orlando, FL 32837

City/State and Zip Code

jnazario@yourtitleconnection.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Nazario

Name of Person

at (407)

722-7625

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

FILED
12 JUL -6 AM 9:30
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Your Title Connection, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/17/2012 and assigned
Florida document number L12000007492.

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)

14129 Town Loop Blvd.

Suite 100

Orlando, FL 32837

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14129 Town Loop Blvd.

Suite 100

Orlando, FL 32837

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:

Lewis M. Oliver III, Esq.

New Registered Office Address:

11513 Lake Underhill Rd., Suite A

Enter Florida street address

Orlando

, Florida

City

32835

32825

Zip Code

2m05

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.

[Signature]
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 = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jessica Nazario	8525 Pocasset Place Orlando, FL 32827	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Nestor E. Hernandez	4304-B Lake Underhill Rd. Orlando, FL 32803	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Lewis M. Oliver III	11513 Lake Underhill Rd. Suite A Orlando, FL 32825	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Jessica Nazario	8525 Pocasset Place Orlando, FL 32827	<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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated July 3, 2012

Signature of a member or authorized representative of a member
Jessica Nazario

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA