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SECRETARY OF STATE
SECRETARY OF STATE

K. SALY JAN 2 0 2017

COVER LETTER

	gistration Sec vision of Corp			•
SUBJECT:		rust Title LLC		
SUBJECT:	,	Name of Lim	ited Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Luz M Hernandez		
			Name of Person	 ,
		Investment Trust Title LLC		
			Firm/Company	
		14125 NW 80 Avenue, Su	ite 403	
			Address	
		Miami Lakes, FL 33016		
			City/State and Zip Code	"
		lucy@investmenttrusttitle.c		
		E-mail address: (to be used for future annual report notifi	cation)
For further in	nformation co	ncerning this matter, please ca	all:	
Luz M Herr	nandez		305 456-8354	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for the	e-following amount:		
\$25.00 F	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 JAN 19 PM 456

SECRETARY OF STATE

ALLAHASSEE, FLORID;

INVESTMENT TRUST TITLE LLC

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

00/04/0010

The Articles of Organization for this Limited I	liability Company were filed on $\frac{0}{2}$	and assigned
Florida document number L13000032582	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company l	<u>here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the	e designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and registered agent and/or the new registered of		on our records, enter the name of the
registered agent and/or the new registered of	ince address nere.	
Name of New Registered Agent:	Luz M Hernandez	
New Registered Office Address:	15326 SW 23 Street	
	Enter Fl	lorida street address
	Miami	, Florida 33185
	City	Zip Code

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 605, 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 3



If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
<u>M</u>	Ernesto Garcia	15326 SW 23 Street, Miami, FL 33 185	Add
			€ Remove
			□ Change
M/AMB R	Luz M Hernandez	15326 SW 23 Street, Miami, FL 33 1 8 5	Add
			Remove
			Change
			Add
			Remove
			AAR ASSESSED
			AR PAdd PARENTY
		***************************************	Remiove
			Change
			D Add
			Remove
			Change
			Add
			□ Remove
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If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
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	PART OF THE PART O
	SEE R
-	TO RECORD
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•	
If an ef Note:	tive date, if other than the date of filing:
The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Signature of a member or authorized representative of a member Grash Garcia Typed or printed name of signee
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00