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SECRETARY OF STATE

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COVER LETTER

Division of Cor	porations	
Engineered SUBJECT:	Title Insurance Services, LLC	
	Name of Limited Liability Company	
•		
	Amendment and fee(s) are submitted for filing.	
rouse return an correspo	Ira Evan Weintraub, Esq.	
	Name of Person	•
	Engineered Title & Escrow Services, LLC	•
	Firm/Company	•
• •	303 Evernia Street, Suite 300	
	Address	•
	West Palm Beach, Florida 33401	1 Ber
	City/State and Zip Code	20 80
	E-mail address: (to be used for future annual report notification)	FED T
For further information co	oncerning this matter, please call:	1
Ira Evan Weintraub, Esq.	. 954 336-9152 日本 at () 第号	ָר יַ
Name of		
Enclosed is a check for th	ne following amount:	
■ \$25.00 Filing Fee	(additional copy is enclosed) Certified	te of Status &

MAILING ADDRESS:

TO:

Registration Section

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

ity Company as it now appears on our records.)	
a Emited Elaomty Company)	
Company were filed on January 19, 2016	and assigned
	and assigned
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nited liability company here:	
nited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
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Enter Florida atrest address	
City	Zip Code
	stered office address on our records, eless here: Enter Florida street address , Florid

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

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

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
·			
•			☐ Remove
			□ Change
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			☐ Change

2016	For	20	_ _ _
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00