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Special Instructions to	Filing Officer:	
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

	ATION: Fortuna Tit ER: P1300002005		ency, Inc.
	of Amendment and fee are su		
Please return all corres	pondence concerning this ma	tter to the following:	
	Alvaro M. Aļvarez	Z	
-		Name of Contact Person	1
	Fortuna Title Insu	irance Agency, I	nc.
-		Firm/ Company	
	11070 NW 22 Ct.		
-		Address	
	Miami, FL 33167		
-		City/ State and Zip Cod	e
forti	unatitle@hotmail.	com	
		sed for future annual report	notification)
		1	,
For further information	concerning this matter, pleas	se call:	
Alvaro M. Alv	arez	<sub>at (</sub> 786	de & Daytime Telephone Number
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ing Address		Address
Amendment Section		Amendment Section	
	Division of Corporations  P.O. Box 6327  Division of Corporations  Clifton Building		
	hassee, FL 32314		xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Fortuna Title Insurance A	Agency, Inc.			
(Name of Corporation as	currently filed with the Flo	orida Dept. of State)	<u>_</u>	
P13000020054				
(Documen	nt Number of Corporation (if	known)	· · · · · · · · · · · · · · · · · · ·	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Florida Profit Corporation ado	pts the following	amendment(s) to
A. If amending name, enter the new na	ime of the corporation:			10
N/A				77
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	Co". A professional corporati P.A."		
B. Enter new principal office address,		N/A		•
(Principal office address MUST BE A S	TREET ADDRESS )			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A		
D. If a manding the registered agent are	d/on nowintowed office addunction	one in Flouida, output the name	of the	
D. If amending the registered agent an new registered agent and/or the new			or tile	
Name of New Registered Agent	N/A			
	(Florida stre	et address)		
New Registered Office Address:	N/A	, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if cl I hereby accept the appointment as regist		ith and accept the obligations	of the position	
i nereby accept the appointment as regist	erea ageni i am jamiitar w	an unu uccept the oongutions (	g are position.	

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach'additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	Milagros C. Alvarez	11070 NW 22 Ct
Add			Miami, FL 33167
Remove			
2) Change			
Add			<u> </u>
Remove			
3) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific)  N/A	
	<del></del>
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)  N/A	
<del></del>	

The date of each amendment(s) adoption: 10/07/2013	, if other than th
date this document was signed.	
Effective date if applicable: 10/07/2013	
(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated_10/07/2013	
Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
Alvaro M. Alvarez	
(Typed or printed name of person signing)	
President	
(Title of person signing)	