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(Requestor's Name) (Address)	100041487131
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>A.M. TITLE INSURANCE SER</u>VICES LLC DOCUMENT NUMBER: <u>L03000048884</u>

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:





FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 6, 2004

MAUREEN LEON 7490 S.W. 23 ST STE. 202 MIAMI, FL 33155 __

SUBJECT: A.M. TITLE INSURANCE SERVICES, LLC Ref. Number: L03000048884

We have received your document for A.M. TITLE INSURANCE SERVICES, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 604A00058004

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Secretary of State

October 6, 2004

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MAUREEN LEON 7490 S.W. 23 ST STE. 202 MIAMI, FL 33155

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Marsha Thomas Document Specialist

Letter Number: 604A00058004

AM 9:44



• • • • • • ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF SERVICES, LLC A.M. TITLE INSURANCE (A Florida Limited Liability Company) ٤ The Articles of Organization were filed on 120203document number 1030000488814and assigned FIRST: SECOND: The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company: AMENDED ADDRESS: 7490 S.W. 23 St. SUITE 202. NIAMI, FI. 33155 TALLAR PLA RODRIGUEZ AMENDED ADDRESS FOR MANAGER : 14085 S.W. 104Ct. MIAMI, FL. 33176 15: AH 9: 41 Dated OCTOBER 22 . 2004. a member or authorized representative of a member MAUREEN E. LEON Typed or printed name of signee Filing Fee: \$25.00