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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** A.M. TITLE INSURANCE SERVICES, 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:

OBDULIA RODRIGUEZ  
(Name of Person)

A.M. TITLE INSURANCE SERVICES, LLC  
(Firm/Company)

7490 SW 23 St. Ste 202  
(Address)

MIAMI, FL. 33155  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

MAUREEN LEDN at (305) 269 3490  
(Name of Person) (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

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

A.M. TITLE INSURANCE SERVICES, LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 11/1/2004 and assigned document number L0300004884.

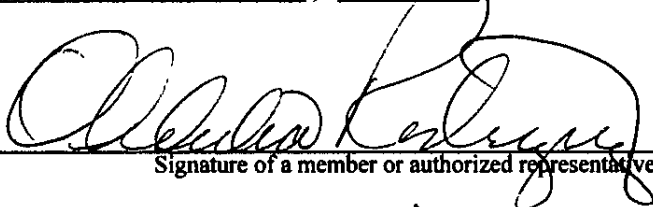
**SECOND:** This amendment is submitted to amend the following:

ARTICLE - NAME

A.M. TITLE SERVICES, LLC

**FILED**  
2007 JAN 12 P 2:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated JAN 8, 2006



Signature of a member or authorized representative of a member

OBDULIA RODRIGUEZ

Typed or printed name of signee

**Filing Fee: \$25.00**