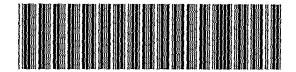
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(Re	questor's Name)	
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Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

COVER LETTER

	on Section of Corporations				:
SUBJECT: DC	TITLE SERVICES LLC				
	(Name of Lin	nited Liability Company)			
	eles of Amendment and fee(s) are sub	-			
	CYNTHIA LEON				
	7)	lame of Person)		•	
	DCI TITLE SERVICES				1.83% a sin
	(I	Firm/Company)	7		
	2000 GLADES ROAL	D, SUITE 400	SEC.		
		(Address)			
	BOCA RATON, FL 3	33431	SSE -		
	(City/S	State and Zip Code)		, []	
For further informa	ation concerning this matter, please co	all:	Z: 47 TATE ORIDA		
CYNT	HIA LEON	at (561) 417-	4300 EXT	120	
***************************************	(Name of Person)	(Area Code & Daytim	e Telephone Numb	per)	
Enclosed is a check t	or the following amount:				
✓ \$25.00 Filling Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sé0,00 Filir Certificate of S Certified Copy (additional cop	itatus &	

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

(Present Name)

DCI TITLE SERVICES LLC

		(A Florida	Limited Liabili	ty Company)					
FIRST:	The Articles of Organ document number	nization were filed 04000013703	on MAY 9, 2	2005	and	assigned	٠	· • · .	
SECOND:	This amendment is su		he following:		3 .	¥	··· -		and y 1 €
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	Sig	nature of a member	or authorized re	presentative	of a member			₹	
	Tammy B. Sa	Itzman - Mai	naging Me	ember					

Filing Fee: \$25.00

Typed or printed name of signee