

LOS 000111705

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(Address)

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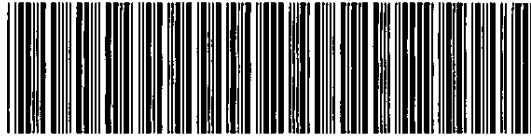
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2008 MAY 22 A 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPITOL TITLE INSURANCE, 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:

DANTE ALZAMORA

(Name of Person)

CAPITOL TITLE INSURANCE LLC

(Firm/Company)

7575 DR DAILLIPS BLVD. #140

(Address)

ORLANDO, FL. 32819

(City/State and Zip Code)

For further information concerning this matter, please call:

DANTE ALZAMORA

(Name of Person)

at (407) 447-2854

(Area Code & Daytime Telephone Number)

2009 MAY 22 A 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

CAPITOL TITLE INSURANCE LLC.

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	1		<input type="checkbox"/> Add <input type="checkbox"/> Remove
	1		<input type="checkbox"/> Add <input type="checkbox"/> Remove
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 MAR 22 A 10:04
Add
Remove
Add
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Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____,



Signature of a member or authorized representative of a member
DANTE ALZAMORA

Typed or printed name of signee