Page 1 of 1

## Florida Department of State

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## FLORIDA TITLE INSURANCE GROUP, LLC

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LLAHASSEE, FLORIDA

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

FLORIDA TITLE INSURANCE GROUP, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L06000068766	y were filed on 7-11-2006 and as	signed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Company," the designation "LLC" or the	abbreviation
Enter new principal offices address, if applicable:	3850 BIRD ROAD PENTHOUSE	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33146	
Enter new mailing address, if applicable:  (Mailing address MAX BE A POST OFFICE BOX)	15780 S.W. 106 TERRACE #305	
IMMANINE BURIESS IN A DE A FORT OFFICE BURY	MIAMI, FL 33196	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here  Name of New Registered Agent:		f the new
New Registered Office Address:		
Now Rogistorol Office Apartess.	(Enter Florida street address)	
	, Florida	
	(City) (Zip Cod	e)
New Registered Agent's Signature, if changing Registered Agent:		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

Page 1 of 2

(((H08000144517))) tle, name, and address of each Manager

MGR = Man MGRM = M	iager anaging Member		
Title	Name	Address	Type of Action
			Add Remove
<del></del>			** <b>=</b> _
<del></del> .			Add Remove
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D. If amendin	ng any other information, enter chang	e(s) here: (Attach additional sheet	ts, if necessary.)
<u> </u>		<u> </u>	AM 8: 33 YOF STATE ORIDA
Dated <u>MAY 29</u>	, 2008  Mignature of a member  JORDAN CASANAS	or authorized representative of a mon	

Page 2 of 2