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DIVISION OF COMPAGE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Allstate Title of South Florida, 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:
Tura Comos
Ivan Ramos (Name of Person)
Allstate Title of South Florida, LLC.
(Firm/Company)
1,930 Succise 01
6932 Sunise PL (Address)
Coral Gables, FC 33133 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
THE RESERVE THE SHEET OF THE 234-7100
Tyan Camo 5 at (786) 486 -8081 or 786-234-7100 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S25.00 Filing Fee Salono Filing Fee Filing Fee Filing Fee Filing F

MAILING ADDRESS:

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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)
(A Florida Limited Liability Company) FIRST: **SECOND:** This amendment is submitted to amend the following: Signature of a member or authorized representative of a member

Filing Fee: \$25.00