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, (Requestor's Name)			
(Address)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Prominent Title 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:					
Miriam Ortiz (Name of Person)					
Prominent Title Services, LLC (Firm/Company)					
2000 Douglas Rd. Suite 204					
Coral Gables FL 380 33134 (City/State and Zip Code)					
For further information concerning this matter, please call:					
MITIAM Or +12 at (305) 3 22 - 7477 (Name of Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \times S25.00 Filing Fee \times Certificate of Status \times Certified Copy (additional copy is enclosed) \times S60.00 Filing Fee, Certified Copy Certified Copy					

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
08 JUL 14 AM 10: 44
SECRETARY OF STATE

Prominent Titl	e Services;	SECRETARY OF STATE ALLAHASSEE FLORIDA LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reco iability Company)	ords.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 1 15 c	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the desig	nation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	2000 Dona	las Road	
(Principal office address MUST BE A STREET ADDRESS)	Suite 204		
	Coral Gabl	es, FL 33134	
Enter new mailing address, if applicable:	2000 Doug	las Road	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 204)	i 	
	Coral Gable	s, FL 33134	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
····	(Enter Florida street address)		
		rida	
	(City)	(Zip Code)	

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)

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	MGRM = Managing Member					
<u>Title</u>	Name	Address	Type of Action			
			Add Remove			
			Add			
			Add Remove			
			Add Remove			
			Add ☐ Remove			
			Add Remove			
D. If an	nending any other information, enter chang	`	sary.)			
	Change Title (Pi Managing Memb	esident) to er for both me	T I I			
Dated	June 27, 20	008.	AND: 4			
		or authorized representative of a member				
	Typed	d or printed name of signee				

Page 2 of 2

Filing Fee: \$25.00