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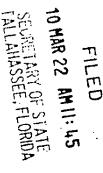
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COVER LETTER

то:	Registration Se Division of Cor				
SUBJE	ECT:	Florida Title Ins	urance Affiliates, L	LC	
		Name of Limit	ted Liability Company		_
		Amendment and fee(s) are sub indence concerning this matter	mitted for filing. to the following:	mending	Name Only)
			Lori Wilson		
		· · · · · · · · · · · · · · · · · · ·	Name of Person		
			Alpha-Omega Title		
			Firm/Company		-
		1400)1 N. Dale Mabry, Ste	. A	
			Address		
			Tampa, FL 33618		
			City/State and Zip Code		
		LWilso E-mail address: (i	on@alpha-omegatitle.do be used for future annual repo	com	
For fur	ther information of	oncerning this matter, please c	·	,	
		ori Wilson of Person	at (813)	335-2958 Daytime Telephone Nu	
	name c	n retson	Area Code &	Daytime Telephone Nu	
Enclos	ed is a check for t	he following amount:			
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er	Cert nclosed) Cert	O Filing Fee, ificate of Status & ified Copy itional copy is enclosed)
	MAIL	ING ADDRESS:	STREET/C	OURIER ADDRES	SS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 10 MAR 22 AM II: 45

Florida Tit (<u>Name of the Limited Lia</u> (A Flo	le Insurance Affiliates, bility Company as it now appear rida Limited Liability Company)	LLC SECRETARY OF STATE SON OUR RECORDS. ALLAHASSEE, FLORIDA.	
The Articles of Organization for this Limited Liabil Florida document number		March 15,2010 and assigned	
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liability company her	e:	
Florida Title lı	nsurance Agency Partners	s, LLC	
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
_		, Florida	
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

6 . . .

MGR = Ma MGRM = N	nager Aanaging Member		
Title	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			□ Domovo
	- 		AddRemove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if nece	FILED 10 MAR 22 AM SECRETARY OF FALLAHASSEE,
			AM II: 45 OF STATE EE; FLORIDA
Dated	3-19	2010	·
		nber or authorized representative of a member Wilson yed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00