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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

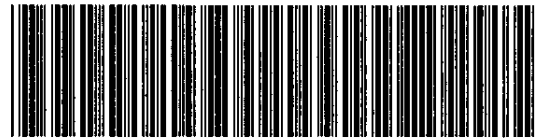
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ACE TITLE AND ESCROW 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:

ISABEL FIGUEROA

Name of Person

ACE TITLE GROUP, INC.

Firm/Company

2048 SE 13 STREET

Address

HOMESTEAD, FL 33035

City/State and Zip Code

CLOSINGS@ACETITLEFL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ISABEL FIGUEROA

Name of Person

at 786 566-6959

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |   |  |
|--|--|---|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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ACE TITLE AND ESCROW SERVICES, LLC.

Page 1 of 3

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

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ACE TITLE SERVICES, INC.	2048 SE 13 STREET	<input type="checkbox"/> Add
		HOMESTEAD, FL 33035	<input checked="" type="checkbox"/> Remove
MGR	ACE TITLE GROUP, INC.	2048 SE 13 STREET	<input checked="" type="checkbox"/> Add
		HOMESTEAD, FL 33035	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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JAN 19 2014  
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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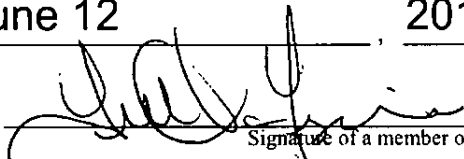
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 12, 2014



Signature of a member or authorized representative of a member

**ISABEL FIGUEROA**

Typed or printed name of signee

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