L1500001262

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COVER LETTER

	Registration Sec Division of Côrp			
CUD IEC	TITLE IN	VESTMENT HOLDING	SS, LLC	
SUBJEC	:I;	Name of Lim	ited Liability Company	
The enclo	osed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspon	dence concerning this matter	to the following:	
		Bonnie J. Gibbs		
			Name of Person	
			Firm/Company	
		1323 Illinois Drive		
			Address	
		Naples, Florida 3410		
			City/State and Zip Code	
		bonnie@omegatitle.r	16t to be used for future annual report notific	ntion
For furth	er information co	ncerning this matter, please ca	·	attony
Bonnie	J. Gibbs		239 293.4458	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for the	e following amount:		
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TITLE INVESTMENT HOLDINGS, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000001262</u> .	were filed on 1/05/201	5 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
TITLE BUSINESS GROUP, LLC		
The new name must be distinguishable and end with the words "Limited Lia	bility Company," the designation	두등 대
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		20 N
		27 = 6
Enter new mailing address, if applicable:		. 을 것
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		cords, enter the name of the new
New Registered Office Address:	Enter Florida street o	
	Enter Florida street (iaaress
· · · · · · · · · · · · · · · · · · ·		_, Florida
N. B. C. LA G. C. C. T. L. B. C. L.	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	_	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my dutic provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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 = M AMBR = A	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Add
			Remove
			Add
			□ Remove
			Add
			□ Remove
			Add
			Remove
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			Add
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ne effective date must be specific, cannot	be prior to date of receipt or filed date and cannot be	(optional) nore than 90 days after
the effective date must be specific, cannot the date this document is filed by the Flori	be prior to date of receipt or filed date and cannot be i	(optional) nore than 90 days after
he date this document is filed by the Flori lated March 17	be prior to date of receipt or filed date and cannot be a da Department of State)	nore than 90 days after

Page 3 of 3

Filing Fee: \$25.00