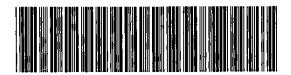


(Re	questor's Name)	
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: I	NGENIUS TITL Name of Lim	ELLC ited Liability Company TNGENIOUS TI	TLE LLC)
	Amendment and fee(s) are sub		
Please return all correspo	ndence concerning this matter	to the following:	
		PETROVA Name of Person	
	INGENIOU	US TITLE LLC Firm/Company	
		TINORE WAY S	
	CORAL G	ABLES FL33/36	4
	tanyo e rea	ABLES FL33136 City/State and Zip Code Lest otes MARKE 7. Code to be used for future annual report notific	COM cation)
For further information c	oncerning this matter, please ca		
Stoy ANKA Name o	PETECVA FPerson	at (305) 80/-28 Area Code Daytime	743 Telephone Number
Enclosed is a check for the			
\$25.00 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)
MAIL	ING ADDRESS:	STREET/COURIE	R ADDRESS:

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

INGENIE	US TITLE LLC
(Name of the Limited Li	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabili Florida document number <u>L16000188</u>	
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the LNGENIOUS The new name must be distinguishable and contain the words	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AL	DDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	
	000
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, enter the name of the new address here:
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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	STOYANKA PETROVA	1469 VICTORIA ISLE DR WESTON, FL 33327	A dd
			\square Remove
			□ Change
M	TANYA PETROVA	550 BILTILLORE WAY CORAL GABLES, FL 33/34	Add
			Remove
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REQUESTING SP CHANGE TO INC	GENIOUS TITLE	LLC.		<u>. </u>
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cord specifies a delayed effecti 90th day after the record is fi		ctive time, at 12:0	I a.m. on the	earne
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	of a Member or authorized representations of Street Per Pour Typed or printed name of street Pour Typed Or printed Name Typed Or printed			
C:	J. Willetter	iontative of a seculture		

Page 3 of 3

Filing Fee: \$25.00