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07 JAN 19 PH 4: 31
SECRETARY OF STATE
SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Division of	on Section of Corporations		
SUBJECT:	TRANS-STATE TITLE	INSURANCE COMPANY, L.L.C.	
	(Name of L	imited Liability Company)	
	les of Amendment and fee(s) are surrespondence concerning this matte		
	GARY A. BODZIN, P	RESIDENT	
		(Name of Person)	<del></del>
	TRANS-STATE TITLE	INSURANCE COMPANY, L.L.C.	
		(Firm/Company)	<del>_</del>
	3050 Aventura Blv	d., Suite #300	<del></del>
		(Address)	97 J SECI
	Aventura, FL 331	80	
	(Cit	y/State and Zip Code)	I SSE
For further informa	ation concerning this matter, please	call:	JAN 19 PH 4: 31 CRETARY OF STATE LAHASSEE FLORIDA
GAR	Y A. BODZIN	at (at (305)931-5000	
	(Name of Person)	(Area Code & Daytime Telepl	none Number)
Enclosed is a check t	for the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	660.00 Filing Fee, ificate of Status & lified Copy ditional copy is enclosed)
]	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	STREET/COURIER AD Registration Section Division of Corporations Clifton Building	DDRESS:

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TRANS-STATE TITLE INSURANCE COMPANY, L.L.C.			
	(Present Name) (A Florida Limited Liability Company)		-	
FIRST:	The Articles of Organization were filed on May 14, 1999 and assigned document number <u>L99000002785</u>			
SECOND:	This amendment is submitted to amend the following:			
	The name of the company is hereby changed to:		_	
	TRANS-STATE TITLE INSURANCE AGENCY, L.L.C.		_	
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Dated	January 10 2007			
	M			
	Signature of a member or authorized representative of a member	<u> </u>		
	GARY A. BODZIN, Managing Member, and Pre Typed or printed name of signee	sident		

Filing Fee: \$25.00