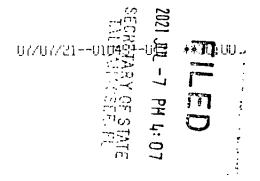
# M20000002067

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600368821106



M D D

### **COVER LETTER**

TO: Registration Section Division of Corporations FIRST INTEGRITY TITLE NATIONAL SOLUTIONS LLC SUBJECT: Name of Foreign Limited Liability Company Dear Sir or Madam: The enclosed application, certificate and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: MONICA DIGERONIMO Name of Person FIRST INTEGRITY TITLE NATIONAL SOLUTIONS NKA FIN TITLE COMPANY LIC Firm/Company 950 S. CHERRY ST., STE. 1220 Address DENVER, CO 80246 City/State and Zip Code mdigeronimo@firstintegritytitle.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MONICA DIGERONIMO Area Code & Daytime Telephone Number Name of Person Street Address: Mailing Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303 Enclosed is a check for the following amount: □\$25 Filing Fee ■ \$30 Filing Fee & ☐ \$55 Filing Fee & □ \$60 Filing Fee. Certificate of Status & Certificate of Status Certified Copy Certified Copy

CR2E055 (9/15)

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

### SECTION I (1-4 must be completed)

Name of limited liability Company as it appear  FIRST INTEGRITY TITLE NATIONAL.		epartment of	
State: FIRST INTEGRITY TITLE NATIONAL  Enter new principal office address, if applicable:	18201 VON KARMAN AVENI	JE	
(Principal office address MUST BE A STREET ADDRESS)	SUITE 330		
	IRVINE, CA 92612		
Enter new mailing address, if applicable:	950 S. CHERRY STREET	<u> </u>	21
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 1220	TAL	)21 J
mili vidini vidi vi i i i i i i i i i i i i i i i	DENVER, CO 80246		7021 JUL - 7
2. The Florida document number of this limited li	ability company is: M200000026		7
2. The Florida document number of this limited liability company is:    170   70   70   70   70   70   70   70			_0 ,
4. Date authorized to do business in Florida: $\frac{02/1}{1}$		m	<u> </u>
SECTION II (5-9 complete only the applicable	changes)		
5. New name of the limited liability company: $\frac{F}{L}$ (mus	IN TITLE COMPANY LLC st contain "Limited Liability Cor	npany, " "L.L.C.," or "	LLC.")
N/A			
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mamust contain "Limited Liability Company," "L.L.	maging members adopting the al	nusiness in Florida and a ternate name. The altern	ttach a iate name
6. If amending the registered agent and/or register registered agent and/or the new registered office a	red officer address on our record address here:	s, enter the name of the	<u>new</u>
Name of New Registered Agent: N/A			
New Registered Office Address:	P . P P	a Street Address	
	Enter Fioria		
<del>-</del>	City	, Florida	' <u>v</u>
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regis document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this capac r and complete performance of n tered agent as provided for in C r in the registered office address,	ry duties, and I am famil hapter 605, F.S. Or, if tl	liar with us

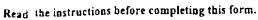
If the amendment of N/A	nanges person, title or capacity in a	ccordance with 605.0902 (1)(e), indicate th	at change:
tle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remo
			□Add
			SILCHETARI INLLANDING INLLANDING
			PH 4-808
<del>_</del>			□Add
			□Rem
<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>		□Add
aforementioned an	he law of which this intity is organ	the official having custody of records in t	□Reme

Filing Fee: \$25.00

# Office of the Minnesota Secretary of State

Mir nesota Limited Liability Company | Amendment to Articles of Organization

Minnesota Statutes. Chapter 322C



Filing Fee: \$55 for expedited service in-person and online filings, \$35 if submitted by mail

Note: Is aformation provided when filing a business entity is public data and may be viewable online. This includes but is not limited to all individual names and addresses.

1. List	the name of this company currently on file with the Office of the Minnesota Secretary of State: (Required

1. LISE	
FIRS'	I INTEGRITY TITLE NATIONAL SOLUTIONS LLC

2. The 2 articles of organization for this Limited Liability Company are amended pursuant to Chapter 322C.

. The company name is changed to:		
IN Title Company LLC		
The registered office address is changed to:		MN S 2
Street Address (A post office box by itself is not acceptable)	City	State Dp Com
The registered agent is changed to:		77
5. The business mailing address has changed to:		PH U
Address	City	State Zip Code
7. The articles of organization are otherwise amended as follows:		
8. I, the undersigned, certify that I am signing this document as the person(s) whose signature would be required who has authorized capacities. I further certify that I have completed all required field correct and in compliance with the applicable chapter of Minneso subject to the penalties of perjury agiset forth in Section 609.48 a	me to sign this docum lds, and that the inform ta Statutes. I understa	nent on his/her behalf, or in both nation in this document is true and and that by signing this document I am

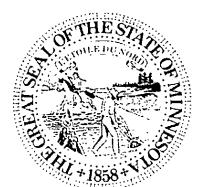
# Office of the Minnesota Secretary of State Certification of Record

I. Steve Simon, Secretary of State of Minnesota, do certify that: The filing(s) listed below were filed in the Minnesota computerized/central filing system on the date(s) listed below and that the copies associated with this certification are a true and complete copy of those filings as filed in that system.

## Filing(s) filed on:

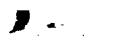
_		
Filing Date	Filing Type	Filing Number
06/04/2021	Amendment - Limited Liability Company (Domestic)	1238380900026

This certificate has been issued on: 07/01/2021



Ateve Pinnon Steve Simon

Secretary of State State of Minnesota



Office of the Minnesota Secretary of State
Minnesota Limited Liability Company | Amendment to Articles of Organization
Minnesota States - Chapter TVA



Email Address for Official Notices Enter an email address to which the Secretar	y of State can forward official notices required l	by law and other notices
mdigeronimo@firstintegritytitle.	com	
Check here to have your email address of	xcluded from requests for bulk data, to the exter	nt allowed by Minnesota law
List a name and daytime phone number o	f a person who can be contacted about this fo	эг <b>и</b> а:
Monica DiGeronimo	303 800 3665	
Contact Name	Phone Number	<del></del>
register with the MN Dept. of Agriculture		
Does this entity own, lease, or have any fina Yes  No⊠	incial interest in agricultural land or land capable	of being faimed



# Work Item 1238380900026 Original File Number 1048357800021

STATE OF MINNESOTA
OFFICE OF THE SECRETARY OF STATE
FILED
06/04/2021 11:59 PM

Steve Simon Secretary of State

Oteve Pimm

## Office of the Minnesota Secretary of State Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:

FIN Title Company LLC

Date Filed:

11/19/2018

File Number:

1048357800021

Minnesota Statutes, Chapter:

322C

Home Jurisdiction:

Minnesota

This certificate has been issued on:

06/04/2021



Steve Simon

Secretary of State
State of Minnesota