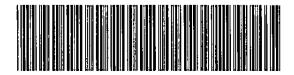
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR.	ATTORNEYS PR	EFERRED TITLE	<u> </u>		
DOCUMENT NUMBI	P10000035404	··			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	oondence concerning this ma	tter to the following:			
		PATRICIA ANGLERO			
_	Name of Contact Person				
	ATTORNEYS PREFERRED TITLE, INC				
_	Firm/ Company				
_	945 E LAS OLAS BLVD				
	Address				
_	FORT LAUDERDALE, FL 33301				
		City/ State and Zip Code	e		
		ATRICIA@APTITLE.COM			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
PATRICIA ANGLERO		954 at (de & Daytime Telephone Number		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amer Divis P.O.	ing Address Indment Section Indicate the section of Corporations Indicate the section of	Ameno Divisio Clifton 2661 F	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301		

Articles of Amendment to Articles of Incorporation

Articles of Incorporation of

2018 J.11 23 F.1. 4: 35

ATTORNEYS PREFERRED TITLE, INC

(Name of Corporati	on as currently filed v	vith the Florida Dept. of S	tate)
	P10000035404		,
(Docun	nent Number of Corpor	ation (if known)	
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	a Statutes, this <i>Florida</i>	Profit Corporation adopts	the following amendment(s) t
A. If amending name, enter the new name of the co	orporation:		
			The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the	, " "Inc," or "Co". ≥I	mpany," or "incorporated professional corporation	l" or the abbreviation name must contain the
			Ü
B. Enter new principal office address, if applicable			
(Principal office address <u>MUST BE A STREET ADL</u>	<u>/KE33</u>)		
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>(X</u>)		
		<u> </u>	
D. If amending the registered agent and/or register	red office address in F	Horida, enter the name of	<u>the</u>
new registered agent and/or the new registered			
Name of New Registered Agent			
name of the regime our riggin		·	
	(Florida street addre	acel	 -
	iriorna sireer aan	rasj	
New Registered Office Address:		, Flor	
	(Ciţy)		(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	<u>istered Agent:</u> Lam familiar with anc	l accept the obligations of t	he position.
co, accept the apparatument in regime 2st agent		-1	•
Sign	nature of New Registere	ed Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. \ If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u> <u>Jol</u>	hn Doe	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PST	PATRICIA ANGLERO	945 E LAS OLAS BLVD
Add			FORT LAUDERDALE, FL 33301
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change	_		
Add			
Remove			

Famending or adding additional Art Attach additional sheets, if necessary)	(Be specific)			
	<u> </u>			
•			. <u>-</u>	
		··· -		
· · · ·				· · · ·
	a			
				
		-		
			·	
f an amendment provides for an exc	hange, reclassifica	tion, or cancellatio	n of issued share	<u>s,</u>
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not con	tained in the amen	dment itself:	

	<u>-</u>			

The date of each amendment(s) adoption date this document was signed.	on:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block of document's effective date on the Departm	does not meet the applicable statutory filing requirements, this date with the state's records.	ill not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) nt for approval.	
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes east for th	e amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
action was not required.	by the incorporators without shareholder action and shareholder	
Dated	18/18	
Signature	almidd	
(By a directo selected, by	or president or other officer — if directors or officers have not been an incorporator — if in the hands of a receiver, trustee, or other court duciary by that fiduciary)	
	PATRICIA ANGLERO	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	