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COVER LETTER

Division of Corporations NAME OF CORPORATION: LENE INSURANCE SERVICES INC 2000007863 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MYRLENE JEAN - LOUIS
Name of Contact Person LENE INSURANCE SERVICES INC

Firm/Company

3000 NE 30 PLACE # 202C

Address

FOAT LAUDERDALE FLORIDA 33305

City/State and Zip Code dorlette 14 a AOL. COM

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MYRLENE JEAN - LOUIS at (954) 614-5441

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation
of

LENE INSURFACE S	ERVICES INC
(Name of Corporation as currently filed with the Florida De	pt. of State)
<u> </u>	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Pa</i> its Articles of Incorporation:	rofit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
I FNF SFRVICES INC.	The new
name must be distinguishable and contain the word "corporation," "com, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A pword "chartered," "professional association." or the abbreviation "P.A."	pany," or "incorporated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A as
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A N/A
D. If amending the registered agent and/or registered office address in Flonew registered agent and/or the new registered office address:	nrida, enter the name of the
Name of New Registered Agent N/A	
New Registered Office Address: (Florida street address: (City)	. Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and a Signature of New Registered Agent. if c	

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>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		- N/A	
Add			
Remove			
2) Change	_		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<u></u>
б) Change			
Add			
Remove			

Attach additional sheets, if necessary).	c <mark>les, enter change(s) here</mark> : (Be specific)
•	W/IA
	- (V-) - (V-) -
	. ,
	
	
f an amendment provides for an exch:	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	110
	NIA
	

The date of each amendment(s) add	option:	_, if other than the
date this document was signed.		
Effective date if applicable:		_
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop by the shareholders was/were suff	ited by the shareholders. The number of votes cast for the amendment(s) licient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and shareholder	
Dated9-	20-13 H. J. Low vector, president or other officer – if directors or officers have not been	
Clanatura	U yn Louis	
		<u> </u>
	, by an incorporator — if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)	
цуулг	MYRLENE JEAN-LOUIS	- -
	(Typed or printed name of person signing)	
	PCEO	_
_	(Title of person signing)	