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SECRETARY OF STATE

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## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT:		acting, LC	<b>.</b>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Clint	Green Name of Person		
		Contracting Firm/Company	<u>, LLC</u>	
	2 lelet	Crag Street		
	FH MYC	CS, FL 33901	TALLA	2011
	Clint @ YOU E-mail address: (	rtitantean.C	fication) HASSEY	23
For further information c	concerning this matter, please ea	ill:		
Staci At	truocd f Person	at ( <b>239</b> ) <u>244–</u> Area Code Daytim	e Telephone Number	2
Enclosed is a check for the	he following amount:			
□ \$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 enclo	

MAILING ADDRESS:

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

## STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Titan Con	ability Company as it dow appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document numberLIOOII81*	ty Company were filed on 10 17/11	and assigned
This amendment is submitted to amend the following	ā:	
A. If amending name, enter the new name of the	limited liability company here:	
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		obreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or registered agent and/or the new registered office a		the name of the new
Name of New Registered Agent:		2 H S
New Registered Office Address:	Enter Florida street address , Florida	23 PR 1
_	City	Zip-Code
Nam Danietared Agent's Signature if changing Regist	tered 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 **Type of Action** <u>Title</u> Name | <u>Address</u> Justinttilliard MGR □ Add Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Remove ☐ Change □ Add Change ☐ Remove ☐ Change □ Add ☐ Remove

\_□ Change

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record specifies	a delayed effective	e date, but ne	ot an effective	e time, at 12:0:	1 a.m. on the e	arlier
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Filing Fee: \$25.00