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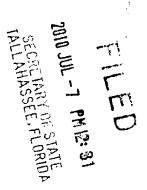
(Requestor's Name)				
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C. LEWIS

JUL 8 2010

EXAMINER

COVER LETTER

Registration Section
Division of Corporations TO:

SUBJECT:	TITAN LA	AW GROUP, LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.			
Please return all correspon	ndence concerning this matter	r to the following:			
	DAVID B. LANTER, CPA				
3		Name of Person			
	LEVY & ASSOCIATES				
•	Firm/Company				
•	2101 NW CORPORATE BLVD. #317				
	Address				
•	BOCA RATON, FL 33431				
	City/State and Zip Code				
	DLANTER@JILCPA.NET E-mail address: (to be used for future annual report notification)				
		-	rt notification)		
For further information co	ncerning this matter, please c	all;			
DAVIE	B. LANTER	at (561)	998-7770		
Name of	. Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the	following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certified C	of Status &	

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

FILED

2010 JUL -7 PM 12: 81

SECRETARY OF STATE TALLAHASSEE, FLORIDA

TIT	AN LAW GROUP, LLC		(LLAHASSEE, LEON.	
(Name of the Limited L (A F	lability Company as it now appear lorida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Lial		10/28/2003	and assigned	
Florida document numberL03000414				
This amendment is submitted to amend the follow	ving:			
A If amending name, enter the new name of t	he limited liability company her	<u>re</u> :		
ABRA	AHAM & SWEENEY, PLLC			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	any," the designation "	LLC" or the abbreviation	
"L.L.C." Purpose (La	con firm)			
Enter new principal offices address, if applicab	ole:	· · · · · · · · · · · · · · · · · · ·		
(Principal office address MUST BE A STREET	ADDRESS)		· ***	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u> </u>			
•				
B. If amending the registered agent and/or		our records, <u>enter t</u>	he name of the new	
registered agent and/or the new registered offic	e address here:			
Name of New Registered Agent:			.	
New Registered Office Address:				
	Ent	Enter Florida street address		
_		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Reg	istered Agent:			
I hereby accept the appointment as registered a the provisions of all statutes relative to the prop				
accept the obligations of my position as register				
being filed to merely reflect a change in the reg	istered office address, I hereby	confirm that the lim	ited liability	
company has been notified in writing of this cha	ange.			

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action** <u>Title</u> <u>Name</u> Address ☐ Add Remove Remove ☐ Add ☐ Remove Remove ∏Add Remove ∏Add Remove D. 'If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **JUNE 25** 2010 Dated_ Signature of a member or authorized representative of a member THOMAS ABRAHAM Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00