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COVER LETTER

Division of Cor	porations		
SUBJECT:	ET Construc Name of Limi	tion and Enterprise ted Liability Company	e,LLC
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Latasha -	1. Murray Name of Person	
	TITGO	struction and E	nter prise, LLC
	14705 MAI	N Street Address	
	GRETNA, FL	Orida 32332 City/State and Zip Code	
	ml+murra E-mail address: (t	City/State and Zip Code 4	ication)
For further information co	oncerning this matter, please ca		
Latasha	T. Murray	at (850) S66-9 Area Code Daytime	739
Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	330.00 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 enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>04/15/2005</u>	and assigned
This amendment is submitted to amend the following:		,
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	oility Company," the designation "LLC" or the a 14705 Main Street Gretna, FL 32332	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of	Post Office Box 28 Gretna, Florida 323	
registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		- 1
New Registered Office Address:	Enter Florida street address	And July 2
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agraprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	ee to act in this capacity. I further ag performance of my duties, and I am f	amiliar with and

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member **Title** <u>Address</u> Type of Action **Name** Latasha T. Murray 14708 MAIN Street MAdd/Change Gretna, FL 32332 24 South JAUKION Street Exemove/old Quincy, FL 32351 □ Add _□ Remove □ Add □ Remove _□ Add □ Add □ Remove

D. If amending any other information, enter change(s) here: (Attach additional she	ets, if necessary.)
Federal ID No. 68-0605016	
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more the date this document is filed by the Florida Department of State)	(optional) an 90 days after
Dated 07/22/2014	
The 7 Municipality	
Signature of a member or authorized representative of a men	her
	ibei

Page 3 of 3

Filing Fee: \$25.00

