

8/24/2010 3:48 PM

FROM: Contractors Reporting Services, Inc.

PAGE: 001 OF 004

8/24/2010

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000189873 3)))



H100001898733ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.
Account Number : 120050000099
Phone : (813) 932-5244
Fax Number : (813) 932-3782

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

2010 AUG 24 11 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA10 AUG 24 AM 8:14
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TITAN I DEVELOPMENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

J. BRYAN

AUG 25 2010

EXAMINER

8/24/2010 3:48 PM FROM: Cont Reporting Svc CONTRACTORS REPORTING SERVICE INC TO: 18506176380 PAGE: 002 OF 004

COVER LETTER

TO: Registration Section
Division of CorporationsSUBJECT: TITAN I DEVELOPMENTS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROMAN ALBANO

Name of Person

CONTRACTORS REPORTING SERVICE, INC.

Firm/Company

13795 N NEBRASKA AVE

Address

TAMPA, FL 33613

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROMAN ALBANO

Name of Person

at (813)

832-5244

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 enclosed)☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301FILED
10 AUG 24 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/24/2010 3:48 PM FROM: Cont Reporting Svc CONTRACTORS REPORTING SERVICE INC TO: 1A506176380 PAGE: 003 OF 004

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

TITAN I DEVELOPMENTS, LLC

*(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)*

The Articles of Organization for this Limited Liability Company were filed on 06/13/2005 and assigned
Florida document number L05000060338

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

Zip Code

New Registered Agent's Signature, If changing Registered 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 608, 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

FILED
10 AUG 24 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/24/2010 3:48 PM FROM: Cont Reporting Svc CONTRACTORS REPORTING SERVICE INC TO: 18506176380 PAGE: 004 OF 004

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PR	STEVE A ROGAI	402 S. CLARK AVE. TAMPA FL 33609	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	CHRIS E BECKWITH	4705 N BOULEVARD TAMPA FL 33603	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated AUGUST 24, 2010


Signature of a member or authorized representative of a member

CHRIS E BECKWITH
Typed or printed name of signee

FILED
10 AUG 24 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA