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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Estimated Estat) Name,
(Document Number)
(Boother Humber)
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DEC 0 8 2016 S. YOUNG SCURETARY OF STATES
TALLAHASSIE FLORIDA
TALLAHASSIE FLORIDA

COVER LETTER

TO: Registration Se Division of Co			
Titan Cons	struction Management, LLC		
SUBJECT.	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	-	
	Chris Stamas		
		Name of Person	
	Titan Construction Manag	ement, LLC	
		Firm/Company	
	715 Wesley Avenue		16 OF 12
	Price Co.	Address	
	Tarpon Springs, FL 34689		# PH 1: 15
		City/State and Zip Code	
	lisa@southernrb.com	to be used for future annual report notific	orion) or
For further information	concerning this matter, please c		ation)
	concerning this matter, please c		
Chris Stamas		727 243-0020 at ()	·
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	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 enclosed)
	ING ADDRESS: ration Section	STREET/COURIE Registration Section	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Titan Construction Management, LLC		
(<u>Name of the Limited Liab</u> (A Florid	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited 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 ADD	DRESS)	BC-1
Enter new mailing address, if applicable:		PH
(Mailing address MAY BE A POST OFFICE BOX)		5
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		enter the name of the new
Name of New Registered Agent:	••••	
New Registered Office Address:		
-	Enter Florida street address	
	, Floric	da
	City	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 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Emmanuel N. Ginnis	773 Wesley Avenue	
		Tarpon Springs, FL 34689	■ Remove
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			Remove Change
			Add
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Effect	ive date, if other than the date of filing: (optional)
it an et	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filling.) Pursuant to 605.020
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a tent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	12/06, 1. 2010
	/ /// //
	/ /// 🛷 (

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00