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Office Use Only



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EXAMINER

COVER LETTER

TO: Registration Division of C		
SUBJECT:	Titan Fence	s & Lawn Care, LLC
	Name of Lim	nited Liability Company
	of Amendment and fee(s) are su	
Please return all corres	spondence concerning this matte	r to the following:
		Rodney Gajewski
		Name of Person
	Titan	Fences & Lawn Care, LLC
		Firm/Company
		PO BOX 1226
	- , , 	Address
	Gu	ulf Breeze/Florida/32562
		City/State and Zip Code
		sacolabeach7@aol.com
For further information	n concerning this matter, please	call:
Ro	odney Gajewski	at (850) 554-7474 S
	e of Person	Area Code & Daytime Telephone Number
Enclosed is a check fo	r the following amount:	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regi	ILING ADDRESS: stration Section	STREET/COURIER ADDRESS: Registration Section

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 Fences & L	awn Care, LL	.C	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	10/27/2010	and assigned
Florida document number			
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 "Limi"L.L.C."	ited Liability Compar	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:	1436 Nantaha	la Beach Rd	
(Principal office address MUST BE A STREET ADDRESS)	Gulf Breeze, F	FI. 32563	TI SEP
	- 		SSE IN
Enter new mailing address, if applicable:	PO BOX 1226		
(Mailing address MAY BE A POST OFFICE BOX)	Gulf Breeze, F	FI. 32562	CS S
			RPA -
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ur records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Ente	er Florida street ad	dress
		Flowida	
	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

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

MGR = Manager

MGRM = Managing Member **Type of Action Title** Name **Address MGRM** Kelly Gajewski 1436 Nantahala Beach Rd Gulf Breeze, Florida, 32563 √ Remove ☐ Add ∏ Remove Remove \square Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 6th 2011 Dated __ Signature of a member or authorized representative of a member Rodney Gajewski Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00