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## **COVER LETTER**

Division of Corporations
UBJECT: TITAN DRWALL + FRAMING LLC. Name of Limited Liability Company
he enclosed Articles of Amendment and fee(s) are submitted for filing.  lease return all correspondence concerning this matter to the following:
Sebeshan Kobert-Cohen Name of Person
1941 Pine needle trail Address
City/State and Zip Code  State and Zip Code  Live. Lom  E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Schashan C. Cohen at (407) 502-8453  Name of Person at (407) Daytime Telephone Number
nclosed is a check for the following amount:
\$ \$25.00 Filing Fee \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Mailing Address: Street Address:

TO:

**Registration Section** 

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF	$\mathcal{F}_{\gamma_0}$	,
(Name of the Limited Liability (A Florida)	y Company as it now appea Limited Liability Company)	og LLC  urs on our records.)	10 p. (2)
The Articles of Organization for this Limited Liability Co Florida document number <u>L17000090099</u>	ompany were filed on	4/23/201	7 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company h	ere:	
The new name must be distinguishable and contain the words "Limite	red Liability Company," the	designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our	records, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	orida street address	
		Florida	
Now Doubtoned Agently Cignature if shougher Degistered	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR AMBR	LINA S. Robert-Cohen	1941 Fine needle trail Lissimmer FL, 34746	\$ <b>X</b> Add
		Kissimmer FL, 34746	🗆 Remove
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			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>
F. Effective date, if other than the date of filing: $08/13/2020$ (optional)
E. Effective date, if other than the date of filing: US 15 200 (optional)  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated 8/13/2020
must from (a)
Signature of a member or authorized representative of a member
Sebostian Robert-Cohen
Typed or printed name of signee