

Division of Corporations

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L18000190021

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : JOHN M WICKER PA
Account Number : I20070000104
Phone : (239) 939-2222
Fax Number : (239) 939-2280

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

Email Address:

mwickero@lawcrw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TITLETOWN FMB, LLC

Certificate of Status	0
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AUG 21 2019

M. SOLOMON

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Corporate Filing Menu

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2019 AUG 20 PM 12:22

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2019 AUG 20 AM 8:16

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

H190002488743

TITLETOWN FMB, 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 08/01/2018 and assigned Florida document number L18000190021

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

309 DONORA BLVD

(Principal office address MUST BE A STREET ADDRESS)

FORT MYERS BEACH, FL 33931

Enter new mailing address, if applicable:

PO BOX 6974

(Mailing address MAY BE A POST OFFICE BOX)

FORT MYERS BEACH, FL 33932

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:

JOHN M. WICKER

New Registered Office Address:

12670 NEW BRITTANY BLVD, SUITE 101

Enter Florida street address

FORT MYERS

Florida 33907

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

H19000-2488743

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>	<u>Address</u>	<u>Type of Action</u>
MGR	CAROL A. WHITEFIELD	PO BOX 6974	<input type="checkbox"/> Add
		FORT MYERS BEACH, FL 33932	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

NONE

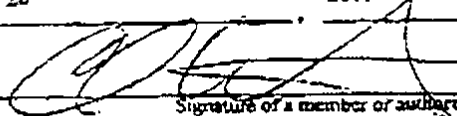
2019 AUG 20 PM 12:22

E. Effective date, if other than the date of filing: _____ (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)(b)
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 AUGUST 20

2019


Signature of a member or authorized representative of a member

CAROL A. WHITEFIELD

Typed or printed name of signer