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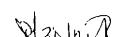
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Special Instructions to	Filing Officer:	
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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: TITAM SURVEYING AND MAPPING, 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:
Thomas W. GRITTON Name of Person
TITAN SINSEYING AND MARRING, LLC Firm/Company
369 NE BAKER ROAD Address
STUART, FL 34994  City/State and Zip Code  Wes Ditton Psm. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Thomas W. Gritton at 772 281-1724  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Sol

### 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

TITAM SURVEYING AND MODING, 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 C	Company were filed on <u>12/</u>	03/2018	and assigned		
Florida document number <u>L 180002775</u>	31	,			
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 "Lim	ited Liability Company," the designat	tion "LLC" or the abb	previation "L.L.C."		
Enter new principal offices address, if applicable:			· · · · · · · · · · · · · · · · · · ·		
(Principal office address MUST BE A STREET ADDR	RESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:	d office address on our record	s, <u>enter the name</u>	of the new registered		
New Registered Office Address:	Enter Florida str	ant addruce			
	Enter Florida siri				
<del></del>	City	Florida	Zip Code		
New Registered Agent's Signature, if changing Registered	d Agent:		 G		
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence the obligations of my position as registered ageing filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my d gent as provided for in Chapt	uties, and I am fo er 605, F.S. Or, i	ee to comply with the imiliar with and if this document is		
	If Changing Registered Agent, Si	gnature of New Reg	istered 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
AMBR	STEVENI D. MARSHAIL	369 NE BAKER RD.	🗀 Add
		369 NE BAKER RD. STUART, FL, 34994	<b>⊠</b> Remove
			□Change
			□Add
			□Remove
			□Change
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			□Change
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			🗆 Remove
			□Change

(If an et Note:	tive date, if other than the date of filing:
he reco ord is f	rd 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 iled.
Dated	8-13-2021  Manual Mathematical Signature of a member or authorized representative of a member
	Thomas W. GRITTON MANAGER Typed or printed name of signee