

H190001496093

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H190001496093)))



H190001496093ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : LICENSES ETC INC
Account Number : 120070000159
Phone : (239)777-1028
Fax Number : (877)275-3593

2019 MAY -6 AM 10:45
RECEIVED
DIVISION OF CORPORATIONS
STATE OF FLORIDA

APPROVED
AND
FILED

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

Email Address: Support@licensesetc.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TITAN CONSTRUCTION AND CONSULTING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

5/12/2019 5:21:16 PM

Electronic Filing Menu

Corporate Filing Menu

Help

T GLAS

MAY 07 2019

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT:** TITAN CONSTRUCTION AND CONSULTING LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following.

LISA ADAMS

Name of Person

LICENSES, ETC., INC.

Firm/Company

886 110TH AVE N. SUITE # 6

Address

NAPLES, FL 34108

City/State and Zip Code

SUPPORT@LICENSESETC.COM

E-mail address: (to be used for future annual report notification)

APPROVED
AND
FILED
2019 MAY -6 AM 10:45
CLERK OF DISTRICT COURT
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

LISA ADAMS

at (239) 777-1028
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the 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)

MAILING ADDRESS:
 Registration Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
 Registration Section
 Division of Corporations
 Clifton Building
 2661 Executive Center Circle
 Tallahassee, FL 32301

(((H19000149609 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TITAN CONSTRUCTION AND CONSULTING 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 01/22/2019 and assigned
Florida document number L19000022296.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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:

New Registered Office Address:

Enter Florida street address

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 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

(((H19000149609 3)))

(((H19000149609 3)))

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>
AMBR	JERRY KNERR	3736 PRESCOTT ST.	<input checked="" type="checkbox"/> Add
		TITUSVILLE, FL 32796	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOAN SPATH-KNEER	3736 PRESCOTT ST	<input type="checkbox"/> Add
		TITUSVILLE, FL 32796	<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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2019 MAY -6 AM 10:45
 SEC. OF STATE
 TALLAHASSEE, FL 32399
 FILED

APPROVED
 AND
 FILED

(((H19000149609 3)))

(((H19000149609 3)))

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

PLEASE ADD FEIN # 83-3373807

JOAN SPATH-KNERR CURRENTLY APPEARS AS 'JONI SPATH-KNERR' PLEASE UPDATE THIS TO
 THE CORRECT SPELLING OF JOAN SPATH-KNERR.

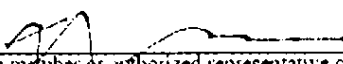
APPROVED
 AND
 FILED
 2019 MAY -6 AM 10:45
 SECRETARY OF STATE
 ALABAMA

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 May 6, 2019

 Signature of a member or authorized representative of a member

JERRY KNEER

Typed or printed name of signer

(((H19000149609 3)))