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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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COVER LETTER

то:	gistration Section vision of Corporations	
SUBJE	Titan Total Tree Service, LLC Name of Limited Liability Company	
The en	ed Articles of Amendment and fee(s) are submitted for filing.	
Please	n all correspondence concerning this matter to the following:	
	JOSHUA Simmons Name of Person	
	Firm/Company	
	4300 and Ave S	
	St Petersburg FT 33711 City/State and Zip Code	
	H-mail address: (to be used for future annual report potification)	
For fur	information concerning this matter, please call:	
<u>J</u>	Name of Person at (941) 350-1145 Area Code Daytime Telephone Number	
Enclose	a check for the following amount:	
1.	Filing Fee Solution Status Solution Status Solution Solution State Solution State Solution State Solution State Solution	tus &

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

110

11tan 10t	al Inte	of it now appears an our record	ds)
(Name of the Emil	(A Florida Limited Lia	as it now appears on our recore bility Company)	us. ,
The Articles of Organization for this Limited L			DI9 and assigned
Florida document number <u>L19</u> 000	04568-]	
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liabili	ty company here:	
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "L1.C	(") or the abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:		
(Principal office address MUST BE A STREI	ET ADDRESS)		
			19 .
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
			<u> </u>
			55.
B. If amending the registered agent and registered agent and/or the new registered o	***	ce address on our record	is, enter the name of the ne
Name of New Registered Agent:	Josho	aT Simm	0/15
New Registered Office Address:	<u>4300</u>	and Ave	S
	St Pete	Enter Florida street addre. City City Florida street addre.	lorida 33711 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.

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
MSR	Laurel B Reyes	4300 and Ave S	
	•	4300 and Ave S St Petersburg F133	Remove
			Change
			D Add
			Remove
			Change
			Add
			☐ Remove
			☐ Change
			□ Add
			Remove
			Change
			Remove
			Change
			🗆 Add
			□ Remove
			Change

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	ive date if other than the date of filing: 1819
(If an ef <u>Note:</u>	ive date, if other than the date of filing: (optional) ective 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)(h If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
If the red (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Signature of a member of authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00