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LLC Ameind

COVER LETTER

TO:

TO: Registration So Division of Co			
Titan Real	lty Group, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Cesar Lopez		
		Name of Person	
	Titan Realty Group, LLC		
		Firm/Company	
	8117 Pomo Drive		
		Address	
	Kissimmee, Florida 3474	4 7	
		City/State and Zip Code	
	cesar411@outlook.com		·
For further information of	e-mail address: (to be used for future annual report no all:	ntincation)
Cesar Lopez		407 922-9393 at ()	
Name (of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he 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 Addre Registration		Street Address: Registration S	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Titan Realty Group, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our recon Liability Company)	<u>(ds.)</u>
The Articles of Organization for this Limited Liability Company Florida document number	were filed on October 21, 20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		ZAME TO THE TANK THE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILED PH 1: 29
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
	, F	lorida
	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 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>	Name	<u>Address</u>	Type of Action
MGR	Philip Waganheim	8117 Pomo Drive Kissimmee, FL 34747	□Add
			≡Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
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			□Remove
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Filing Fee: \$25.00