# L20000063330

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# . COVER LETTER

\* \*

TO: Registration Section Division of Corporations							
SUBJECT:	GENERAL FLOOR RENOVATIONS L	LC					
SUBJECT: _	Name of Lit	mited Liability Company					
The enclosed A	Articles of Amendment and fee(s) are su	bmitted for filing.					
Please return a	Il correspondence concerning this matte	r to the following:					
	WEDLIN RAMOS RIVE	ERA					
		Name of Person					
		Firm/Company					
	3303 CELENA CIRCLE						
		Address					
	ST CLOUD, FL 34769						
	julianakarfitsas@gmail.cor	City/State and Zip Code					
	E-mail address:	(to be used for future annual report notification)					
For further info	ormation concerning this matter, please o	call:					
WEDLIN RAMOS RIVERA		321 436-5110 at ( )					
Name of Person		Area Code Daytime Telephone Number					
Enclosed is a cl	heck for the following amount:						
<b>■ \$25.00 Fili</b>	ng Fee	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					
Regis Divis P.O. I	ng Address: stration Section ion of Corporations Box 6327 hassee, 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

ANIAUE 26 PAIR 25

### GENERAL FLOOR RENOVATIONS 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 I		were filed on $\frac{02/26/2}{}$	020	_ and assigned
Florida document number L20000063330				
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company here:		
TITAN BUILDING MAINTENANCE LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	ation "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:		THE SAME		
(Principal office address MUST BE A STRE)	ET ADDRESS)			
				<del></del>
Enter new mailing address, if applicable:		THE SAME		······
(Mailing address MAY BE A POST OFFICE	(BOX)			
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office : ess_here:	address on our recore	ds, <u>enter the name (</u>	of the new registered
Name of New Registered Agent:	THE SAME			
New Registered Office Address:				
		Enter Florida st	reet address	
			, Florida	
		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>	<u>Name</u>	Address	Type of Action
	<del> </del>		□Add
			□Remove
			□Change
<del></del>			□ Add
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			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: 08/07/2024 (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. Signature of a member or authorized representative of a member WEDLIN RAMOS RIVERA Typed or printed name of signee

Filing Fee: \$25.00