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COVER LETTER

	Registration Section Division of Corporations				
	TITIAN HURRICANE SHUTTERS, LLC	• • • • • • • • • • • • • • • • • • •			
SUBJEC		ited Liability Company			
The anal	osed Articles of Amendment and fee(s) are sub-	mitted for filing			
		·			
Please re	turn all correspondence concerning this matter	to the following:			
	ANGEL GUERRA				
		Name of Person			
	GUERRA ACCOUNING	SERVICES, pa			
		Firm/Company			
	7105 SW 8 STREET SUIT	ΓΕ 203			
		Address			
	MIAMI, FL 33144				
		City/State and Zip Code			
	accounting_guerra@att.net	to be used for future annual report notification)			
live freel	ner information concerning this matter, please of				
	_				
Marcos	- -	305 542-5181 at () Area Code Daytime Telephone Number			
	Name of Person	Area Code Daytime Telephone Number			
Enclosed	f is a check for the following amount:				
₹ \$ 25	.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & .□ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			
Mailing Address: / Registration Section / Division of Corporations		Street Address: Registration Section Division of Corporations			
\ \	P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
,	Tallahassee, FL 32314				

:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TITIAN HURRICANE SHUTTERS, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)

(V Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compar	ny were filed on 07/09/2020	and assigned
Florida document number 1.2000019354		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
TITAN HURRICANE SHUTTERS, LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2020
(Principal office address MUST BE A STREET ADDRESS)		6- AON 1838
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		WHT: 06
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street oddre:	55
	, FI City	orida Zıp Code
New Registered Agent's Signature, if changing Registered Agen	<u>nt:</u>	•
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple		• •

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

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
				□Add
				□Remove
				□Change
-				□Add
				Change
				□Add
				□Remove
				□ Change
				□Add
			-	□Remove
				□Change
				□Add
				_ Remove
				□ Change

D. If amending any other inform	nation, enter change(s) here: (A)	tach additional sheets, if n	ecessary.)
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Note: If the date inserted in this b	ust be specific and cannot be prior to date block does not meet the applicable st	of filing or more than 90 days a	otional) fler filing.) Pursuant to 605,0207 (3)(b) this date will not be listed as the
document's effective date on the I	Department of State's records.		
If the record specifies a delayed effecti record is filed.	ive date, but not an effective time, at	12:01 a.m. on the earlier of:	(b) The 90th day after the
00/27			
Dated 09/27	2020		

Typed or printed name of signee

MARCOS VEGA

Signature of a member or authorized representative of a member