p.1



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īo:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MONAGA ACCOUNTING ASSOCIATES, INC

Account Number : I20160000095 Phone : (239)259-7483

Fax Number : (239)280-1269

R WATE 

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

Email Address: ailin @monagaaccounting

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TITAN MORTGAGE LLC

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## **COVER LETTER**

TO: Registration Se Division of Corp		;	
	RTGAGE LLC		
SUBJECT:	Name of Limi	ted Liability Company	
	Amendment and fee(s) are submodence concerning this matter		
	Ailin Rodriguez		
		Name of Person	
	Monaga Accounting Assoc	iates Inc	
		Firm/Company	
	308 Leroy Ave		
		Address	
	Lehigh Acres, FL 33936		
		City/State and Zip Code	
	ailin@monagaaccounting.co	om to be used for future annual report notif	ington)
For further information of	concerning this matter, please co		<b>Cultory</b>
Ailin Rodriguez		239 259-7483 at ( )	<u>t</u>
Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		a	

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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 20 77 9: 22

or/22/2020 and assigned
<u>here</u> :
designation "LLC" or the abbreviation "L L.C"
/ Unit 9
, FL 33971
V Unit 9
, FI 33971
records, enter the name of the new registe
·
lorida street address
iortua sireet auaress
, Florida

## 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
MGR	ALVARADO, YOLEXI	230 Lausanne Ave	
		Lehigh Acres, Fl 33974	□Remove
			■Change
<del></del>			[] Add
			□Remove
			□ Change
			□Add
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			□Change
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		[]Change	
		□Add	
	<del> </del>	Remove	

ref.	tive date, if other than the date of filing:
(If an e Note	ffective 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 (  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the reco	ord 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 filed.
Date	October 19 2020
Date	delei Hodrigues
	Signature of a member or authorized representative of a member
	Ailın Rodriguez

Typed or printed name of signee