

L23000040532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

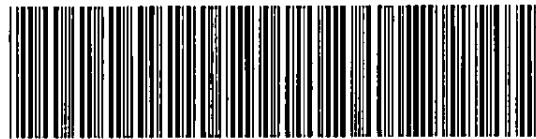
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 APR -3 PM 4:54
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Titan Grupo LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Erik Stelter

Name of Person

Titan Grupo LLC

Firm/Company

3032 E Commercial Blvd Ste 143

Address

Fort Lauderdale, FL 33308

City/State and Zip Code

erik@pro-ata.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erik Stelter

714
at ()

552-8410

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

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STATE OF FLORIDA
TALLAHASSEE, FL

Titan Grupo LLC

If 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Mario Expinoza	3601 NW 19th St	<input type="checkbox"/> Add
		Lauderdale Lakes, FL 33311	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Alberto Mario Espinosa Arizpe	3601 NW 19th St	<input checked="" type="checkbox"/> Add
		Lauderdale Lakes, FL 33311	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Sylvia Patricia Guerrero Garza	3601 NW 19th St	<input checked="" type="checkbox"/> Add
		Lauderdale Lakes, FL 33311	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2013 APR 13 PM 4:54
 STATE
 OFFICE
 TALLAHASSEE, FL

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (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.

Dated 22nd day of March, 2023

66

Signature of a member or authorized representative of a member

Erik Stelter

Typed or printed name of signee

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STATE
E, FL