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SECRETARY OF STATE
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## **COVER LETTER**

TO:

TO: Registration S Division of Co				
SUBJECT:	Titan Marin	e Surveyors LLC		
<del></del>	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Michael Hughes		
		Name of Person	~	
	7.4	. 11 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	SET OF	
	Iita	n Marine Surveyors LLC Firm/Company	ACRE SER	
		гиписопрану	22 -	•
		6263 Garrett Street	2024 SEP 13 AM 7:56 SECRE LARK COLE, FL	
		Address		
			mer H	
		Jupiter, Florida 33458	मिंह उठ	
		City/State and Zip Code	•	
	titanma	rinesurveyors@gmail.com		
	E-mail address: (	to be used for future annual report not	ification)	
For further information	concerning this matter, please co	all:		
Michae	l Hughes	at ( <u>954</u> ) <u>551-088</u>	1	
Name	of Person	Area Code Daytin	ne 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre Registration		<u>Street Address:</u> Registration Se	ction	
Division of (		Division of Cor		
P.O. Box 63:		The Centre of T		
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Litan Marine Si			
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears .iability Company)	on our records.)	
The Articles of Organization for this Limited E		were filed on	6/21/2023	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company her	<u>e</u> :	
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the des	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	6263 Garrett	Street	
Principal office address MUST BE A STREE	ET ADDRESS)	Jupiter, Florid	la 33458	
				TORE TO THE
Enter new mailing address, if applicable:		6263 Garrett	Street	到 3
(Mailing address MAY BE A POST OFFICE BOX)		Jupiter, Florid	da 33458	30年 王
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our rec	cords, <u>enter the na</u>	F 10 00
Name of New Registered Agent:	Michael Hu	ghes		
New Registered Office Address:	6263 Garre			
			la street address	
	-	Jupiter	, Florida	33458
		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 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>	Address	Type of Action
AMBR	Andrew Simmons	10136 Calabrese Trail	
		Jupiter, Florida 33478	<b> X</b> Remove
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Fective date, if other than n effective date is listed, the date inserted in the cument's effective date on the	: must be specific and is block does not i	d cannot be prior t meet the applica	/9/2024 o date of filing or m ble statutory filin	(option than 90 days after grequirements, this	filing.) Pursuant to 605.0207
ecord specifies a delayed effortistics and specifies a delayed effortist filed.	ective date, but no	t an effective tin	ne, at 12:01 a.m. c	on the earlier of: (b	) The 90th day after the
red September	945	2024	<del>-</del> ·		
	M.	D. H	ized representative	of a member	

Filing Fee: \$25.00