P21000103812

(Re	questor's Name)	_
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PICK-UP	☐ WAIT	MAIL
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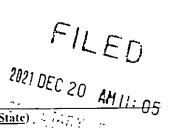


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COVER LETTER

TO: Amendment Sec Division of Corp			, <i>F</i>	
NAME OF CORPO	RATION: Titan Towers, Inc			
	BER: P21000103813			
The enclosed Articles	s of Amendment and fee are sub	omitted for filing.		
Please return all corre	espondence concerning this mat	ter to the following:		
	Grace Tschuor			
		Name of Contact Person		
	Titan Towers, Inc			
		Firm/ Company		
	1813 Concorida Lake Circle U	Jnit 2008		
		Address		
	Cape Coral, FL 33909			
		City/ State and Zip Code	•	
	Gracietschuor@gmail.com			
		ed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		
Grace Tschuor		at (747-5677	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Ft. 32303		

Articles of Amendment to Articles of Incorporation of



Titan Towers, Inc	AM II: DA
(Name of Corporation as	currently filed with the Florida Dept. of State)
P21000103812	1988. PART
(Document N	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corpor	ation:
	The new
name must be distinguishable and contain the word "corpora". Inc., " or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviation.	ation," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word on "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u>)
on the state of a collection	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
<u> </u>	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	office address in Florida, enter the name of the e address:
Name of New Registered Agest	
	(Florida street address)
1000	. Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	red Agent: of amiliar with and accept the obligations of the position
Thereby accept the appointment as registered agent. This	, y
Sionature	of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	<u>John Do</u>	<u>oc</u>			
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally St	m <u>ith</u>			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address		
1) X Change	TS		Grace Tschuor	1813 Concorida Lake Circle 2008		
Add				Cape Coral, FL 33909		
Remove						
2) Change						
Add						
Remove 3) Change		_				
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

	ng additional <u>Ar</u> Pets, if necessary)	(Be specific)				
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If an amendment n	rovides for an ex	change, reclassific	ation, or cancella	<u>tion of issued s</u>	ha <u>res,</u>	
	dementing the an	nendment if not co	<u>ntained in the an</u>	<u>iendment itself</u>	<u>:</u>	
provisions for imp	ole, indicate N/A)					
provisions for imp (if not applicab	,					
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The data of each amendment(s)	adoption:, if other than the
date this document was signed.	
Effective date f applicable:	(no more than 90 days after amendment file date)
	block does not meet the applicable statutory filing requirements, this date will not be listed as the
Note: If the date inserted in this document's effective date on the D	epartment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.
The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	for the amendment(s) was/were sufficient for approval
bv	(voting group)
	(voting group)
12/17/202	1
Dated	
Δ	dan Galdrey
Signature	officers of directors of officers have not been
(by a c	d, by an incorporator – if in the hands of a receiver, trustee, or other court
appoir	nted fiduciary by that fiduciary)
	Adam J Goldstein
	(Typed or printed name of person signing)
	President
	(Title of person signing)