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2015 SEP 28 PH 4: 25
SECRETARY OF STATE

K. SALY EXAMINER OCT -1 2015

COVER LETTER

| TO: | Registration Section Division of Corporations |
|------|---|
| SUE | Name of Limited Liability Company |
| The | enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Plea | se return all correspondence concerning this matter to the following: |
| | Name of Person TITO ENTERPRISES, LLC Firm/Company 4000 HEATH CIRCLE N. Address WEST PALM BEACH, FL 33407 City/State and Zip Code |
| | E-mail address: (to be used for future annual report notification) |
| For | E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: |
| | Name of Person Name of Person Name of Person Area Code Daytime Telephone Number |
| Enc | osed is a check for the following amount: |
| ¥ | \$25.00 Filing Fee Secretificate of Status St |

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILED
2015 SEP 28 PM 4: 25
FALLAHASSEE, FLORIDA

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

(A Florida Limited Liability Company)

| | my_{c} |
|--|---|
| The Articles of Organization for this Limited Liability Con Florida document number | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited | d liability company here: |
| The new name must be distinguishable and contain the words "Limited | d Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | SS) WESTPALMSEACH, FL 33407-3117 |
| (Principal office address MUST BE A STREET ADDRES | SS) WEST PALM SEACH, FL 33407-3117 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 4000 HEATH CIRCLE N. WEST PALM BEACH, FL 33407-3117 |
| B. If amending the registered agent and/or registered agent and/or the new registered office address | red office address on our records, enter the name of the new |
| Name of New Registered Agent: | PERRY : TAYLOR, P.A. 4500 PEA BLUD., STE 204 |
| New Registered Office Address: | 4500 PEA BLVO., STE 204 Enter Florida street address |
| 7, | City Seac # Gardens Florida 33418 Zip Code |
| | CIIV COUR |

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

Page 1 of 3

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> Name 1 **Address Type of Action** VIVARINE J. ECHOLS ☐ Change □ Add ☐ Remove ORIO Change □ Add ☐ Remove _□ Change ☐ Add □ Remove ☐ Change _ Add

□ Remove

_□ Change

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