Note: Please print this page and use it as a cover sheet. Type the fix suit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the RHFRESH/RHLOAD button on your browser from this page. Doing so will generate another cover sheet.

To :

Division of Corporations

Fax Number

(850)617-6383

From:

Account Name : COMTRACTORS REPORTING SERVICES, INC.

Account Number : 120050000099. : (813)932-5244

Fax Number : (613)932-3762

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

| | Emmil Address: | iason@activatemvlicense.com |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TITANIUM FLORIDA, LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

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Fax: +1 (813) 445-7084 102

To: ATTN: ((H130001001S Fax: +1 (850) 617-6383

Page 3 of 5 5/3/2013 1:54

COVER LETTER *

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TO:

Registration Section 💰 Division of Corporations

| SUBJECT: | TITANTIM | f FLORIDA, LLC | | |
|---------------------------|--|---|-------------------------------|--|
| SUBJECT: | | ted Liability Company | | 135 My 1 |
| The enclosed Articles of | f Amendment and fee(s) are sub | mitted for filing. | | THE WAY TO |
| Please return all corresp | ondence concerning this matter | to the following: | | THE STATE OF THE PARTY OF THE P |
| | | Name of Person | | OF . |
| | CONTRACTOR | S REPORTING SERVI | CE, INC | |
| | | Firm/Company | | |
| | 137 | 95 N NEBRASKA AVE | | |
| | Address | | | |
| | | TAMPA, FL 33624 | | |
| | City/State and Zip Code | | | |
| | E-mail address: (i | o be used for future annual report n | otification) | |
| For turther information | concerning this matter, please c | all: | | |
| JASC | ON D MORALES | at (813) | 932-5244 | |
| Name o | of Person | | time Telephone Number | |
| Enclosed is a check for t | the following amount: | | | |
| S25.00 Filing Fee | 口\$30.00 Filing Fee 总 Certificate of Status | □\$55.00 Filing Fee & Certified Copy | □S60.00 Filing Certificate | g Fee, of Status & |

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

(additional copy is enclosed)

(additional copy is enclosed)

Certified Copy

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H130001001S1 3)))

| TITANIUM FLORIDA, LLC |
|--|
| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) |
| May a second and a |
| The Articles of Organization for this Limited Liability Company were filed on 3/25/2013 and assigned |
| Florida document numberL13000044428 |
| |
| This amendment is submitted to amend the following: |
| |
| A. If amending name, enter the new name of the limited liability company here: |
| |
| The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| |
| Enter new principal offices address, if applicable: |
| (Principal office address MUST BE A STREET ADDRESS) |
| <u> </u> |
| |
| Enter new mailing address, if applicable: |
| (Mailing address MAY BE A POST OFFICE BOX) |
| Tributed white 15th Mary 110 Tribe 15th Mary 1 |
| |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the new |
| registered agent and/or the new registered office address here: |
| |
| Name of New Registered Agent: |
| |
| New Registered Office Address: Enter Florida street address |
| Liner 1 sortuu sir eel uuuress |
| , Florida |
| 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 608, 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

| - | | | |
|---------------------|---|--------------------------------|----|
| From: Jason Morales | Fex: +14813) 445 3084 7 662 - 2892 To: ATTN: (((H1300010015 Fex:))+1 (850) 617-6383 | Page 5 of 5 5/3/2013 1:54 PAGE | 02 |

(((H130001001S1 3)))

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | Name | | Address | Type of Action |
|--------------|----------------------------|-----------------|--|--|
| MGRM | SAMUEL J ASFUE | · } | 254 WOODINGHAM TRAIL | M Add |
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| | · · | - | | , |
| | Signat | ure of a member | or authorized representative of a member | , |
| | , | | MARK GILL | , <u> </u> |
| | | Typed | or printed name of signes | • |