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COVER LETTER

Tallahassee, FL 32314

TO:	Registration S Division of Co			
SUBJE	Titan Glob	al Investment Group LLC		
SOBJE	· · ·	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all corresp	ondence concerning this matter	to the following:	
		John P Serret		
			Name of Person	
		Titan Global Investment G	roup LLC	
			Firm/Company	
		5875 SW 74 Ter N-31		
			Address	
		South Miami, Fl. 33143		
			City/State and Zip Code	-
		john.tgig@gmail.com		
For furth	her information	E-mail address: (concerning this matter, please c	to be used for future annual report noti all:	tication)
John P S	Serret		305 896-2249	
	Name (of Person	at () Area Code Daytim	e Telephone Number
Enclosed	d is a check for t	he 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 Addre Registration		<u>Street Address:</u> Registration Se	ction
	Division of O P.O. Box 633	Corporations	Division of Cor The Centre of T	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Titan Global Investment Group LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our record Limited Liability Company)	<u>(15.</u>)
The Articles of Organization for this Limited Liability Co	ompany were filed on 09/17/2013	and assigned
Florida document number 1.13000131333		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC	or the abbreviation 1lC."
Enter new principal offices address, if applicable:		E T
(Principal office address MUST BE A STREET ADDRI	<u>ESSS)</u>	2 5
Enter new mailing address, if applicable:		5: 3
(Mailing address MAY BE A POST OFFICE BOX)		3*
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	TS
	City , Flo	orida 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 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>	Type of Action
MGRM	Xavier Miranda	18625 SW 104th Court	≅ Add
		Miami, Fl. 33157	□Remove
			□Change
			DAdd
			□Remove
			Change
			□Add
		-	□Remove
			□ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
		 	□Remove
			□ Change

fective date, if other than the date of filing: 07/25/2024 (optional) (opti		· · · · · · · · · · · · · · · · · · ·			
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Filing Fee: \$25.00