#1/4000/31057

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K.SALY EXAMINER SEP 1 1 2014

COVER LETTER

Division of Corporations		
SUBJECT:		
	me of Limited Liab	ility Company
Dear Sir or Madam:		
The enclosed Statement of Correction and fee(s) are	submitted for filing	g.
Please return all correspondence concerning this ma	tter to the following	ğ.
Dalia B. Wajsbrot		• .
Name of Person		-
TITITA INVESTMENTS, LLC		
Firm/Company		-
508 Stonemont Lane		
Address		-
Weston, FL 33326		
City/State and Zip Code		-
dalia.wajsbrot@gmail.com		•
E-mail address: (to be used for future annual re	port notification)	-
For further information concerning this matter, please	se call:	
Dalia B. Wajsbrot	201 at (314-4609
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
□ \$25 Filing Fee □ \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	© \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (2/14)

STATEMENT OF CORRECTION **FOR** FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

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Pursua	nt to se	ection 605.0209, F.S., this document is being submitted to correct a previously filed document IARY OF STATE TALL AHASSEE, FLORIDA				
FIRST	<u>C</u> :	The name of the limited liability company is: TITITA INVESTMENTS, LLC				
SECO	ND:	The Florida Document number of the limited liability company is: L14000131057				
THIRD: Do		Document to be corrected is:				
		Detail by Enlity Name				
	(CF	IECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT				
V		ins an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the ted statement are as follows:				
	There	e is a typographical error on the Detail by Entity Name				
4	. The last name of AMBR Waisbrot, Dalia B is correctly spelled "WAJSBROT".					
•						
	<u>OR</u>					
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:					
		•				
	<u>OR</u>					
	ali	lectronic transmission of the record was defective. 09/04/2014				
Ši	gnature	of Authorized Representative Date				

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)