L15000085475

(Requestor's Name)
(Address)
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COVER LETTER

	Registration Se Division of Cor			,					
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SUBJEC	l:	Name of Limited Liability Company							
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.						
Please ret	urn all correspo	ondence concerning this matter	to the following:						
		Gary Ganzie							
			Name of Person						
		GET RESULTS FAST IN	c						
			Firm-Company						
		6601 Memorial Highway S	Ste 2011						
			Address						
		Tampa, FL 33615							
			City/State and Zip Co	de					
		getresultsfast4u@gmail.com							
For furthe	er information c	t-mail address; (oncerning this matter, please of	to be used for future anni all:	ual report notifica	ation)				
Gary Gar	nzie			600-5400					
	Name o	t Person	Area Code	Daytime T	elephone Number				
Enclosed	is a check for the	ne following amount:							
□ S25.0	0 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing For Certified Copy (additional copy is		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Ch	ik FL Dpt	of State							
Mailing Address:			· · · · · · · · · · · · · · · · · · ·	Address:					
Registration Section Division of Corporations			_	Registration Section					
	P.O. Box 632	-	Division of Corporations The Centre of Tallahassee						
	Tallahassee, I				Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TITL ENTERPRISE LLC

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

(A Florida Limited Li	ability Company)	,			
The Articles of Organization for this Limited Liability Company v	vere filed on 05/14/15	an@ssigned			
Florida document number L15000085475		20 0			
This amendment is submitted to amend the following:		F1L1			
A. If amending name, enter the new name of the limited liabil	ity company here:	PH 2:			
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "				
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered office ac	ldress on our records, er	nter the name of the new registered			
agent and/or the new registered office address here:	<u></u>	iter the name of the new registeres			
Name of New Registered Agent:	<u>-</u>				
New Registered Office Address:					
	Enter Elorida street ac	street address			
		, Florida			
Non-Degistrand Armed Cinner, 15 harden David and Armed	City	Zip Code			
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po- being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my dutie, rovided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is			

If Changing Registered Agent, Signature of New Registered Agent

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	Address	Type of Action
MGR	Gary Ganzie	PO BOX 260623	bhA≡
		Tampa, FL 33685	202Remove
MGR	GET RESULTS FAST INC		
			□ Remove
			Change
			□Add
			□Remove
			Change
			□ Remove
			
			□ Remove
			Change

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an effective date is listed, the date must be speci ote: If the date inserted in this block does	he and can not meet	mot be pri- t the appl	or to date o icable sta	of filing or . tutory fili	more than ng requir	90 days after ements, thi	filing.) Purs s date will	uant to 6 not be fi	05 0207 sted as
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Signature		itici (ii au	7.20	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					

Filing Fee: \$25.00