## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: PEREZ ARCHE AN ACCOUNTING & TAX SERVICES INC

Account Number : I20070000033

Phone

: (305)649-7040

Fax Number

: (305)643-3237

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TITISWIM DESIGN, LLC

Certificate of Status	0
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Page Count	01
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Corporate Filing Menu

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S. WARREN OCT 0 3 2017

## **COVER LETTER**

TO:	Registration Se Division of Cor			
CHOL	r.or.	TITISWIM DESIG	N LLC	
SUBJI	ECI:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	andence concerning this matter	to the following:	
		AN	A ISABEL ARAICA	·
			Name of Person	
		PEREZ ARCHE	AN ACCOUNTING & TAX SERV	ICES INC
	Firm/Company			
		4011 W	FLAGLER ST STE 501	
	Address			
	CORAL GABLES ,FL 33134			
			City/State and Zip Code	·
			SABEL@GMAIL.COM to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please c		,
ANA	ISABEL ARAICA	<b>\</b>	305 649-7040	
	Name o	f Person	at () Area Code Doytime	e Telephone Number
Enclos	ed is a check for the	he following amount:		
<b>₽</b> \$2	5.00 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 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 TOARTICLES OF ORGANIZATION OF

TITISMIM DESI	GN ELC	
(Name of the Limited Liability ( (A Florida Li	Company as it now appears of mited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Con	npany were filed on 03/06.	2017 and assigned
Florida document number L17000047780		
Florida document number	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limiter	d liability company here	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	SS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
registered agent and/or the new registered office addres  Name of New Registered Agent:	ss nère:	
New Registered Office Address:	C Fl	
	Enter Florida	sireet agaress
		, Florida
<del></del>	City	Zip Code
New Registered Agent's Signature, if changing Registered A	kgent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and com accept the obligations of my position as registered agen being filed to merely reflect a change in the registered a company has been notified in writing of this change.	plete performance of my nt as provided for in Cha	duties, and I am fam <u>ili</u> ar with and pier 605, F.S. Or, if this document is
រំ	If Changing Registered Agent	Signature of New Registered Abent
F	Page 1 of 3	PATE N

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>	Address	Type of Action
MGR	CAROL ANTONIETA DURIGON	4011 W. FLAGLER ST STE 501	
		CORAL GABLES, FL 33134	■ Remove
			Change
			☐ Remove
			☐ Change
,			□ Remove
	•		□ Change
			□ Add
			□ Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	
			Remove
			FILED  1-2 PHIS: 27  1ARFOF SEMOLE ALLE CHANGE
			Hemoro
			RD Al Change

. If amen	ding any other informatio	n, enter change(s) here: (Attach additional shee	ts, if necessary.)
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(If an effect Note: If document the recor	the date inserted in this block t's effective date on the Depa	specific and cannot be prior to date of filing or more than 90 does not meet the applicable statutory filing requiren riment of State's records.  Frective date, but not an effective time, at	nents, this date will not be listed as the
Data	OCTUBER 2nd	2017	
Dated			<b>5</b> 76
	Sig	mature of a member or authorized representative of a memb	A
		JANIRA RODRIGUEZ	
		Typed or printed name of signee	PER F
		Page 3 of 3	D FSTA FLOR

Filing Fee: \$25.00