## Florida Department of State Division of Corporations **Electronic Filing Cover Sheet**

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(((H17000262740 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: 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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## **COVER LETTER**

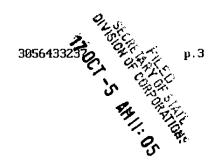
то:	Registration S Division of Co					
CHIDA	rcr	TITISWIM D	DESIGN LLC			
SUBJ	ECT:	Name of Lim	Name of Limited Liability Company			
The en	oclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please	return all corresp	condence concerning this matter	to the following:			
	ANA ISABEL ARAICA					
			Name of Person	<del></del>		
PEREZ ARCHE AN ACCOUNTING & TAX SERVICES INC						
	Firm/Company					
		4011 W. Fl	LAGLER ST STE STE 501			
			Address			
		CORA	AL GABLES, FL 33134			
	City/State and Zip Code					
	ARAICAISABEL@GMAIL.COM  E-mail address: (to be used for future annual report notification)					
For fu	rther information	concerning this matter, please ca	·	catony		
ANA ISABEL ARAICA 305 649-7040						
Name of Person Area Code Daytime Telephone Number				Telephone Number		
Enclos	sed is a check for	the 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)	☐ S60.00 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

\*5-Oct-2017 14:43 Isabel Araica Accounting Services



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TITISWIM DESIGN LLC			
(Name of the Limited Li (A F	ability Company as it now appe orida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liabili Florida document number L17000047780	•		and assigned
This amendment is submitted to amend the followin	g:		
A. If amending name, enter the new name of the	limited liability company	<u>here</u> :	
The new name must be distinguishable and contain 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 A	DDRESS)		
			<del></del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	Q		
B. If amending the registered agent and/or registered agent and/or the new registered office		on our records, <u>e</u>	nter the name of the
Name of New Registered Agent:			
New Registered Office Address:			
-	Enter Fi	lorida street address	
		, Florid	a
	Ciţv		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 Changing Registered Agent, Signature of New Registered Agent

p.4

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
MGR	ROCIO B ROJAS HONG	5121 W 21 ST AVE	
		HIALEAH ,FL 33016	□ Remove
			. □ Change
· ——————			
		·····	□ Remove
			☐ Change
			□ Add
	·	<u></u>	Remove
			Change
			Remove
			Change
			□ Remove
			□ Change
			DIVISION OF CORPOR
			□ Remo∰ CR
			Change Sign

D. lf ame	nding any other inf	ormation, enter ch	ange(s) here	: (Attach add	litional sheet.	s, if necessary.)		
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	OCTOBER 05th	-,,,,,,,,,,	2017					
Dated_		Marine.	y Woods	inua.	_		ي پينيو	D. V.
	<del></del>	Signature of a n	nomber or author	rized representa	tive of a membe	ा -	<del></del> 8	15 DX
		Ta	nira	Bod.	rigues	<b>,</b>	2-7	SPE CAL
	-		Typed or printed	l name of signe	<del>e' U '</del>		F	025 25 25 25 25 25 25 25 25 25 25 25 25 2
			Page	3 of 3			AM 11: 05	RATIONS