

L17000110157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

OCT 19 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TITTAN ENTERPRISE LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOMAS D SMITH
Name of Person
TITTAN ENTERPRISE LLC
Firm/Company
9717 VILIEES DR SWTH
Address
JACKSONVILLE, FLA 32221
City/State and Zip Code
TROI120@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TROY SMITH at 904 614-8383
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

TO
ARTICLES OF ORGANIZATION
OF

TITTIN ENTERPRISE LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/18/2017 and assigned
Florida document number L17000110157.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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 ADDRESS)

9717 Villiers Dr South
JACKSONVILLE, Florida
32221

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

TROV12@gmail.com

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

TROY D. SMITH

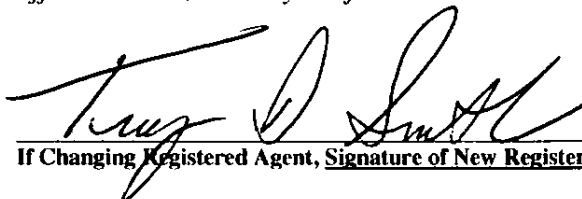
New Registered Office Address:

9717 Villiers Dr South
Enter Florida street address
JACKSONVILLE, Florida 32221
City Zip Code

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TALLAHASSEE, FLORIDA

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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AMBR	Troy Smith		
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9717 VILLERS DE SWTH	<input checked="" type="checkbox"/> Add
JACKSONVILLE, FLA 32221	<input type="checkbox"/> Remove

☐ Change

AMBR	Thomas Smith		
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9717 VILLERS DE SWTH	<input type="checkbox"/> Add
JACKSONVILLE, FLA 32221	<input checked="" type="checkbox"/> Remove

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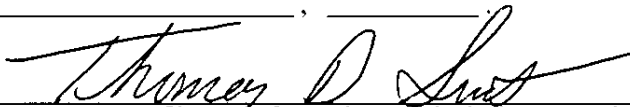
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated _____,



Signature of a member or authorized representative of a member

Thomas D Smith

Typed or printed name of signee

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TALLAHASSEE, FLORIDA