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COVER LETTER

**	ration Second			
SUBJECT:	ITAN FIE	LD SERVICES LLC		
		Name of Lim	ited Liability Company	
The enclosed A	rticles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return all	l correspoi	idence concerning this matter	to the following:	
		GARY L HOLLAND		
			Name of Person	
		TITAN FIELD SERVICE	S LLC	
		<u></u>	Firm/Company	
		5753 HIGHWAY 85 N, U	NIT 3648	
			Address	
		CRESTVIEW, FL 32536		
			City/State and Zip Code	
		AVIONICS222@AOL.CO		
		E-mail address: (to be used for future annual report notif	ication)
For further infor	rmation co	ncerning this matter, please ca	afl:	
GARY L HOLI	LAND		702 2808028 at ()	
Name of Person			Area Code Daytime	e Telephone Number
Enclosed is a ch	eck for the	e following amount:		
■ \$25.00 Filin	ig 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 TO ARTICLES OF ORGANIZATION OF

TITAN FIELD SERVICES LLC					
(Name of the Limiter	Liability Company a A Florida Limited Liab	is it now appears on ility Company)	our records.)		
The Articles of Organization for this Limited Lia Florida document number L17000240054		re filed on 11/21/2	017	and assi	igned
Florida document number	,				
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liability	y company here:			
The new name must be distinguishable and contain the wo	rds "Limited Liability (Company," the design	ation "LLC" or the abl	breviation "L.I	L.C."
Enter new principal offices address, if applica	ble:				
(Principal office address MUST BE A STREET	ADDRESS)				<u> </u>
	_			Ö	75 (F) C (F) TS (F)
				_ <u></u>	327
Enter new mailing address, if applicable:	_				
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u> _			pr-00 	- : <u> </u>
	_				<u> </u>
D. If any adding the anxiety and any to and	istanad affia		· magazila anton	the name .	igi) na tha na
B. If amending the registered agent and/o registered agent and/or the new registered offi	1.,*	e address on our	r records, <u>enter</u>	tne name (or the nev
Name of New Registered Agent:				<u>-</u>	
New Registered Office Address:					
		Enter Florida si	reet address		
		Cin	, Florida	Zip Code	
		City		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

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	<u>Address</u>	Type of Action
MGR	GARY L HOLLAND	5753 HIGHWAY 85 N	■ Add
		UNIT 3648	☐ Remove
		CRESTVIEW, FL 32536	☐ Change
			Add
			Remove
			☐ Change
			Remove
			Change
			☐ Add
			□ Remove
			☐ Change
			
			Remove
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		d in this bloc e on the Dep				statutory	filing red	quirement	s, this dai	e wiii no	t be liste	ed as
record s The 90th	specifies a day after	delayed er the recor	effective of the distribution of the distribut	date, bu	t not a	n effecti	ive time	e, at 12:	01 a.m	. on the	e earlie	er of
Decer	nber 13			2017								
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00