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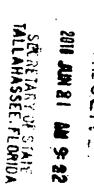
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COVER LETTER

Division of Cor	porations		•
SUBJECT: 17.7	AN TRIBE L Name of Lim	L C ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following.	
	CliFton	Moitt Name of Person	
		Firm-Company	
	7411 Avenu	da Del MAR #	2301
		FL 33433 City/State and Zip Code	
	Cliffe Clif E-mail address: (FMOI HT. COM to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	nil:	
ClIFF N	loitt	at (<u>954</u>) <u>687</u> Area Code Daytine	3790
Name o	l Person	Area Code Daytune	e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25,00 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:

TO:

Registration Section

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

(Name of the Limited Liability Compa) (A Florida Limited I.)	LC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) hability Company)
The Articles of Organization for this Limited Liability Company Florida document number 418000084342	were filed on April 3 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
TITAN TRIBE LLC The new name must be distinguishable and contain the words "Limited Liabil	
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	7411 Avenida VEL MAR
(Principal office address MUST BE A STREET ADDRESS)	7411 Avenida DEL MAR Unit 2301 BOCA RATON FL 33433.
	NOCA RAYON PC 22723.
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
(maning dualess mixt in in the internal of the	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	<u></u>
Name of New Registered Agent: Clifta	N Moitt
New Registered Office Address: 74/1 A	North Newida Del Mar #2301 Enter Florida street address
	Pator Provider Special Pator S
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and browided for in Chapter 605, F.S. OF if this coment is

Page 1 of 3

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
MG-R	CliFton Mortt	7411 Avenida Del Mar # 2301 Boca Paton 3343	Add Add
٠		# 2301 BOCA PATON 3342	B □ Remove
			Change
			Remove
			Change
			Remove
			Change
			□ Add
			Exemove
		AHASS	emove — — — — — — — — — — — — — — — — — — —
			To Part ove
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			Change
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			□ Remove
			☐ Clunge

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an effective d fote: If the o	te, if other than late is listed, the date date inserted in thi ffective date on th	must be specific ar is block does not	nd cannot be prior meet the applic	able statutory fili	nore than 90 days	optional) after filing.) Pursi this date will r	ot be listed a
record s The 90th	pecifies a dela day after the	yed effective record is filed	date, but no J.	ot an effective	time, at 12:0	01 a.m. of 1	ie earlier p
ated <u>5/</u>	114/18		1/1/	 P		SEE. FLO	
_		Signatury 91 a	a member or auth	orized representativ	e of a member	2	7 2
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Page 3 of 3

Filing Fee: \$25.00