L18000091969

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COVER LETTER

TO:	Registration Se Division of Cor		;	
CHRIS	Titan Metal			
30931		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Emily Brown		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		Titan Metals LLC		
			Firm/Company	
		7966 Sasser Ln.		
			Address	· - »-
		Pensacola, Fl. 32526		
			City/State and Zip Code	
		titanmetalsllc@yahoo.com		
			to be used for future annual report not	ification)
For fur	ther information o	oncerning this matter, please co	all:	
Emily	Brown		850 736-7592	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$2:	5.00 Filing Fee	S30.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 007 12 Fill2: 01

Titan Metals LLC		
(Name of the Limited L. (A.F.	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number L18000091969	lity Company were filed on April 11, 2018	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
	-	
B. If amending the registered agent and/or regis agent and/or the new registered office address he		name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
-	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:

or removed	from our records:		
MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address 21 007 12 PH 12: 01	Type of Action
AMBR	Steven Lister	896 Lexington Rd Pensacola, Fl. 32514	∐Add
			≡Remove
			□ Change
AMBR	Shane Hollis	7966 Sasser Ln. Pensacola, Fl. 32526	■Add
			□Remove
			□ Change
	.		□Add
		<u>-</u>	□Remove
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Filing Fee: \$25.00