L18000109961

(Requestor's Name)	_
(Address)	_
(Address)	
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COVER LETTER

TO:	Registration Se Division of Cor			
eun		lue Management, LLC		
208	JECT:	Name of Lim	ited Liability Company	
The	enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Pleas	se return all correspo	ndence concerning this matter	to the following:	
		Jetro Nelson		
			Name of Person	
		Titanium Blue Managemer	nt, LLC	
			Firm/Company	
		83 NE 167 ST		
			Address	
		North Miami Beach, FL 33	162	
			City/State and Zip Code	
		<u>jetro nelson</u> E-mail address: (i	@gmail-Com to boused for future annual report notific	cation)
For i	further information co	oncerning this matter, please ca	all:	
Jetro	Nelson		305 336-3999 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Encl	osed is a check for th	ne following amount:		
■ 5	\$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:

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

Titanium Blue Management, LLC			
(Name of the Limited Lia (A Flo	ubility Company as it now appears on our records.) orida Limited Liability Company)		
The Articles of Organization for this Limited Liabilit Florida document number L18000109961	y Company were filed on May 01, 2018	_ and assi	igned
This amendment is submitted to amend the following	î: -		
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 abbre-	viation "L.I	L.C."
Enter new principal offices address, if applicable:			· ــــــ
(Principal office address MUST BE A STREET AD		≅.	N _S
			<u> </u>
		z _	25 -
		_	8 ² 7.
Enter new mailing address, if applicable:		- 3 -	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	75	- 25 -
		_	<u></u>
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, <u>enter the address here</u> :	e <u>name</u> (of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	. Florida		
· 		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>	<u>Name</u>	Address	Type of Action
AMBR	Jetro Nelson	83 NE 167 ST	■ Add
		North Miami Beach, FL 33162	□ Remove
			☐ Change
AMBR	Fertil Nelson	83 NE 167 ST	
		North Miami Beach, FL 33162	■ Remove
			☐ Change
			Remove
			Change
			D Add
			Remove
			☐ Change
			Add
			Remove
			Change
	<u>.</u>		Add
			Remove
			☐ Change

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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing or more: If the date inserted in this block does not meet the applicable statutory filing	e than 90 days after filing.) Pursuant to 605.0 requirements, this date will not be listed
ment's effective date on the Department of State's records.	
and annuities a delayed affective data but and an affective time	
ecord specifies a delayed effective date, but not an effective tir ne 90th day after the record is filed.	ne, at 12.01 a.m. on the earlier
te sour day direct the recova to vited.	
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Typed or printed name of signee

Filing Fee: \$25.00