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SECRETARY OF STATE
FALL ARASSEE, FLORIDA

T SCHROEDER

COVER LETTER

ТО:	Registration So Division of Cor				
SUBJEC		DUSTRIES LLC			
SOBJE	VI	Name of Lim	ited Liability Company		
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		SEBASTIAN PONCELIZ			
			Name of Person		
		ODYSSEY FINANCIAL	GROUP LLC		
		753 SHOTGUN ROAD	Firm/Company		
		7.5 SHOTOON ROAD			
		SUNRISE, FLORIDA 333	Address 26		
		City/State and Zip Code TMARION@ODYSSEYGROUPUS.COM			
		E-mail address: (to be used for future annual report notif	lication)	
For furth	ner information c	oncerning this matter, please co	all:		
тном	AS MARION		516 974-1243		
	Name o	f Person	Area Code Daytime	e Telephone Number	
Enclosed	d is a check for th	he 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)	
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327

Taflahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TITAN INDUSTRIES LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on OCTOBER 23, 2018	and assigned
Florida document number L18000248688		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
TITTAN INDUSTRIES LLC		
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address be		the name of the
Name of New Registered Agent:		
New Registered Office Address:	<u>.</u>	1 N
	Enter Florida street address	章 四
 	City	- Ziff Code
New Registered Agent's Signature, if changing Registered Agen	<u>ıtı</u>	`` ``

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 ac or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
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			🗆 Remove
			□ Change
			D Add
			□ Remove
		*	France Change
			SS 27
			SECONDANIE CHANGE SECONDANIE CHANGE CHANGE
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Proceedings that to make a short all me	OCTOBER 23, 2018	W.C	
If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the Department of the De	late of filing: be specific and cannot be prior to date of filing or more than 9 ck does not meet the applicable statutory filing require partment of State's records.	(optional) 00 days after filing.) Pursuant to e ements, this date will not be l	605.0207 (isted as t
he record specifies a delayed The 90th day after the reco	effective date, but not an effective time, at rd is filed.	: 12:01 a.m. on the ea	rlier of:
Dated	2019		
	Signature of a member or authorized representative of a mem	aber	
		ire.	
	Z. ODYSSEY FINANCIAL GROUP LLC		

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Filing Fee: \$25.00