## L19000239366

(Re	equestor's Name)	
(Ad	ldress)	
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

TITAN IN'' SUBJECT:	TERNATIONAL CONSULTA	NTS LLC	
30B31.CT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Victoria E. Bricant		
		Name of Person	
	Law Office of Victoria E.	Bricant, P.A.	
		Firm/Company	
	4000 Ponce de Leon Blvd.	, Suite 470	
	Address		
	Coral Gables, FL 33146		
		City/State and Zip Code	
	victoria@brieantlaw.com		
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Victoria E. Bricant		305 421-7200 at ()	
Name o	f Person	Area Code Daytin	ne 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 Registration S		<u>Street Address:</u> Registration Sc	ection
Division of C		Division of Co	
P.O. Box 632	•	The Centre of	Γallahassee
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## TITAN INTERNATIONAL CONSULTANTS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

he Articles of Organization for this Limited Liability Co	ompany were filed on 09/21/2019	and assigned
florida document number L19000239366		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
he new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered	office address on our records, enter the nam	
gent and/or the new registered office address here:	office address on our records, <u>enter the nam</u>	
	office address on our records, enter the nam	
gent and/or the new registered office address here:		
Name of New Registered Agent:	Enter Florida street address	
Name of New Registered Agent:		ne of the new registe
	Enter Florida street address, Florida City	te of the new registe

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
AMBR	ANN SJOERD DE JONG	4000 Ponce de Leon Blvd#470 CoralGables, FL 3314	6 _ <b>■</b> Add
			_ □Remove
			_ □Change
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	oust be specific and cannot be prior to date on block does not meet the applicable sta	(optional) of filing or more than 90 days after filing.) Pursuant to 605.020 attutory filing requirements, this date will not be listed as
e record specifies a delayed effect d is filed.	ive date, but not an effective time, at 1	12:01 a.m. on the earlier of: (b) The 90th day after the
MAY 15	2021	
Dated MAY 15	2021  E Briand  Signature of a member or authorized re	

Filing Fee: \$25.00