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| (Requestor's Name) |
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| (Address) |
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| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
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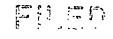
COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Titna Financial Solutions, LLC Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| MonAS J. M. Cormack Name of Person |
| McCormack Financial Solutions, LLC Firm Company |
| 6985 Slaven DR. |
| City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notification) The control of the cont |
| |
| For further information concerning this matter, please call: Thomas M. Cormack at (407) 803-3852 Name of Person Area Gode Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| U \$25.00 Filing Fee Certificate of Status Certified Copy (Certified Copy tadditional copy is enclosed) S60,00 Filing Fee, Certificate of Status & Certified Copy tadditional 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



| (Name of the Limited Liability Compar (A Florida Limited L | Solutions. La | DEC 13 AH 8: 03 |
|--|---|------------------------------------|
| (<u>Name of the Limited Liability Compar</u> (A Florida Limited L | ny as it now appears on our records hability Company) | Jile 1/1997 - T. S TOTA |
| The Articles of Organization for this Limited Liability Company Florida document number <u>20000348</u> 14 | were filed on <u>01/28/</u> | 2020 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi MCCORMACK FINANCE The new name must be distinguishable and contain the words "Limited Liability In the new name must be distinguishable and contain the words "Limited Liability In the new name must be distinguishable and contain the words "Limited Liability In the new name of the limited liability In the new name of the liability In the new | | or the abbreviation "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) | 6985 SIA Onlando, | ver DR. FL 32819 |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, <u>enter t</u> | he name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| · | , Flo | rida |
| | * *** | raji Cina |

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 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 |
|--------------|-------------|-------------|----------------|
| | | | □Add |
| | | | □Remove |
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| Dated December 8, 2021. Signature of a member of anthorized representative of a member | (If an effe | ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the |
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| | Dated_ | December 8, 2021 |
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| -/ bilm AC V. M. Com a lo | | Thomas J. M. Cornall Typed or printed name of signee |

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Filing Fee: \$25.00