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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for futures annual report mailings. Enter only one email address please.**

≒Email Address:___

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S. PRATHER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY (2021 OCT 19
F OF STATE) PM 2: 3
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Titan Direct LLC

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

The Articles of Organization for this Limited Liability Company were filed on 09/28/20 and assigned Florida document number L20000304963 This amendment is submitted to amend the following: 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 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address ___, Florida ___

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>	Name	Address	Type of Action
AMBR	Jessica Miller	1146 Ardmore St	XIAdd
		St. Augustine, FL 32092	P □ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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E. Effective date, if other than the date (If an effective date is listed, the date must be s Note: If the date inserted in this block of document's effective date on the Depart	does not meet the applicable sta	Of Hillie of More trial or days after	filing.) Pursuant to 605.0207 (3)(b)
f the record specifies a delayed effective dat ecord is filed.	te, but not an effective time, at	12:01 a.m. on the earlier of: (b	
October 19	2021_		FIL. 2021 OCT 19 SECKETARY ALLAHASSEE
Sign	nature of a member of authorized r	enresentative of a member	
Sign	mine or a memori or amminutal		STAT ORI

Filing Fee: \$25.00