Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200004171713)))



H200004171713ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC

Account Number : I20180000086

: (916)576-7000 : (800)603-5868 Fax Number

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

Email Address:\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TITAN TACTICAL LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Po: 18506176383 From: 19165767051 Date: 12/07/20 Time: 7:44 AM Page: 03/05

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the I lmited Liability Com	CTICAL LLC pany as It now appears on our record	<u>(k.)</u>		
(A Florida Limite	d Liability Company)			
The Articles of Organization for this Limited Liability Compar	ny were filed on 10/05/2020	and assigned		
Florida document number L20000314713				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ability company here:			
The new name must be distinguishable and contain the words "Limited Lia	bility 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 registered agent and/or the new registered office address be Name of New Registered Agent:		EC -7 P		
New Registered Office Address:				
<u></u>	Enter Florida street address			
	, FloridaZp Code			
	Criv	in conc		

## 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

ro: 18506176383	From: 19165767051	Date: 12/07/20	Time: 7:44	AM Page: 04	/05
. IO: TODODIODO	LIOU: 13102101031	Dace: 12/01/20	11116: 1:44	Mr rage. 04	· · · · · · · · · · · · · · · · · · ·

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
MGR	GUSTAVO ECHEVERRY	2551 EAST SARATOGA DR	☐ Add
			☐ Remove
		COOPER CITY, FL 33026	□ Change
			D Add
			☐ Remove
			☐ Change
		· ·	□ Кеточе
			O Add
			□ Remove
			O Change
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change

Date: 12/07/20 Time: 7:44 AM Page: 05/05 • Fo: 18506176383 From: 19165767051 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) E. Effective date, if other than the date of filing: \_ (If an effective 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)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is flief. 2020 Dated November 5 r or authorized representative of a member **GUSTAVO ECHEVERRY** Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00