

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





10/18/21--01009--024 **25.

SUBJECT:	novotive Hed	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	<u> Hichael</u>	Diorio Name of Person	.		
	 	Firm/Company			
	1730 Stat	ronside Dr. Address			
	Oakland F	L 34787 City/State and Zip Code			
	Dioriom719 E-mail address: (@gmcul. Com to be dised for future annual report noti	fication)		
For further information c	oncerning this matter, please ca	all:			
Hichael Name o	Diorio	at (357) 459 - 8 Area Code Daytim	3089 e Telephone Number		
Enclosed is a check for th	ne following amount:				
S25.00 Filing Fee √ S25.00 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	Section	Street Address: Registration Se			
Division of Corporations		Division of Corporations			

P.O. Box 6327 Tallahassee, FL 32314

Registration Section

Division of Corporations

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

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

(2	A FIORIDA LIMII	ea Elab	uity Company)		
The Articles of Organization for this Limited Lia Florida document number <u>LZ100013ZZ</u>		my we	re filed on <u>3-7</u>	7- 2021	and assigr
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited l	ability	y company here:		
Titan Blue Social	LLC_	abilio. A	Common Without designation	on "I I C" on the abb	raviation "I I C
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREET	ble:	_	A-1. 11.11	gnolia Avi PHB 137	enue
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	- -	924 N Mo Suite 201 Orlando F	gnolia F PMB 1: L 3780	377
B. If amending the registered agent and/or reagent and/or the new registered office address	•	ce add	ress on our records.	. <u>enter the name</u>	of the new re
Name of New Registered Agent:					t e.
New Registered Office Address:	974	\overline{U}	Magnolia	Avenue	Stile ZO
	<u>Orlo</u>	ndi	Enter Florida stree	t address , Florida	Zip Code
New Registered Agent's Signature, if changing Re	egistered Age	<u>nt:</u>			<i>ب</i> دع
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the re	r and completered agent o	ete pei us pro	rformance of my du wided for in Chapter	ties, and I am fa r 605, F.S. Or, i	miliar with an I this documen

company has been notified in writing of this change.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of A
			□Add
			□Remo [*]
			□ Chang
			□Add
			□Remov
			□Change
			□Remove
			□Change
		□Add	
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
		 .	□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:
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 record is filed.
Dated
Signature of a member or authorized representative of a member
Michael Diorio Typed or printed name of signee