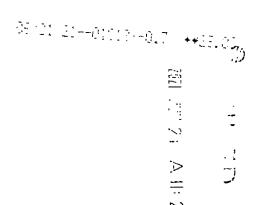
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| (R | equestor's Name) | |
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| PICK-UP | MAIT | MAIL |
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| Certified Copies | Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
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COVER LETTER

Tallahassee, FL 32314

| | istration Sec sion of Corp | | | | | | |
|---------------------|-------------------------------|--|---|--|-----------------|------------|-----|
| | TITTAN BU | JILDERS LLC | | | | | |
| SUBJECT: | | Name of Lim | ited Liability Compa | ny | | | |
| The enclosed | Articles of A | Amendment and fee(s) are sub | omitted for filing. | | | | |
| Please return | all correspor | ndence concerning this matter | to the following: | | | | |
| | | LOVETTE DOBSON | | | | | |
| | | - | Name of Pers | on | | | |
| | | INCFILE.COM LLC | | | | | |
| | | | Firm/Compar | ıy | | | |
| | | 17350 STATE HWY 249 | STE 220 | | | | |
| | | | Address | | | | |
| | | HOUSTON, TX 77064 | | | | | |
| | | | City/State and Zip | Code | | | |
| | | EFILE1234@INCFILE.CO | | | | . | . 3 |
| | | | to be used for future | annual report notific | ation) | <i>E</i> : | |
| For further in | formation co | oncerning this matter, please c | all: | | | · : | : |
| LOVETTE D | OBSON | | 888 at (| 462-3453 | | .\) | |
| | Name of | Person | Area Cod | le Daytime T | elephone Number | À II: | ジフ |
| Enclosed is a | check for th | e following amount: | | | | 24 | |
| ≘ \$25.00 Fi | iling Fec | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Certified Co (additional cop | рру | Certified (| of Status | |
| Reg | ing Address istration S | | Re | eet Address: egistration Sectivision of Corpo | | | |
| | . Box 632 | - | | e Centre of Tal | | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | TITTAN BUII | | | | |
|--|---|---|--------------------------|------------------|-----------------|
| (<u>Name of the Limit</u> | ed Liability Compa (A Florida Limited) | nny as it now appears on ou Liability Company) | ur records.) | | |
| the Articles of Organization for this Limited L lorida document number L21000235603 | iability Company | were filed on <u>05/20/20</u> 2 | 21 | and as | signed |
| his amendment is submitted to amend the following | owing: | | | | |
| . If amending name, enter the new name o | f the limited liab | ility company here: | | | |
| | | | | | |
| he new name must be distinguishable and contain the w | vords "Limited Liabi | lity Company," the designat | ion "LLC" or the abb | oreviation "I | L.C.'' |
| nter new principal offices address, if applic | able: | 8566 95th Ave | | | |
| Principal office address MUST BE A STREE | TADDRESS) | Largo, FL 33777 | | | |
| | | · | | | ال: |
| | | | | (9) | |
| nter new mailing address, if applicable: | | 8566 95th Ave | | ī a | ! |
| • | POV) | Largo, FL 33777 | | 2. | <u> </u> |
| Mailing address MAY BE A POST OFFICE | <u> </u> | | | | -1 |
| | | | | -> | - 3- |
| . If amending the registered agent and/or r gent and/or the new registered office addre | | address on our record | s, <u>enter the name</u> | • • | w regis |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | 8566 95th Ave | | | | |
| | | Enter Florida stre | eet address | | |
| | Largo | | , Florida ³³⁷ | 77 | |
| | | City | · | Zip Code | |

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 |
|--------------|-------------|---------|-------------------------|
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