121000355166

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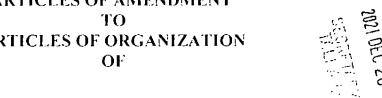
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COVER LETTER

TO:	 Registration Sc Division of Cor 			
			• •	
SUBJI	* BIG DADI ECT:	DYS MARINE TRANSPORT	LLC	
		Name of Lin	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		JESSE TYLER HUGHEY		
			Name of Person	
			Firm/Company	
			• •	
		1578 GRANDE CULL W.	AY	
			Address	
		JUPITER, FL 33458		
			City/State and Zip Code	2021
		TYLER@TITANMARINE	·	
		E-mail address: (to be used for future annual report notification)	C
For fur	ther information c	oncerning this matter, please c	all:	2021 DEC 28 AH 10: 06
Jesse I	'yler Hughey		561 371-2503 at ()	
	Name o	f Person	Area Code Daytime Telephone 9	Number [77] 8
Enclos	ed is a check for the	he following amount:		
■ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee & ☐ \$60	0.00 Filing Fee,
	C	Certificate of Status	Certified Copy Co	ertificate of Status &
				ertified Copy additional copy is enclosed)
Mailing Address:			Street Address:	
Registration Section			Registration Section	
	Division of C	-	Division of Corporations	
	P.O. Box 632		The Centre of Tallahassee	
	Tallahassee, l	rt. 54514	2415 N. Monroe Street, St	nuc 910

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



BIG DADDYS MARINE TRANSPORT 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 8/6/2021	and assigned
Florida document number L21000355166		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
TITAN MARINE TRANSPORT LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" 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)	<u> </u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new registered
agent and/or the new registered office address here.		
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street addre	28.8
	, F	lorida
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	PAUL WILLIAM PITTMAN	5568 SE AVALON DR	
		STUART, FL 34997	□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Change
			□Add
			□Remove
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			[]Change

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Filing Fee: \$25.00