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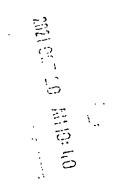
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

TITAN SUBJECT:	FREIGHT SERVICES LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Nassim Tauil		
		Name of Person	
	TITAN FREIGHT SERVI	CES LLC	
		Firm/Company	
	15495 MIAMI LAKEWA	yn. Unit 209	
	<del></del>	Address	
	MIAMI LAKES, FL 3301	4	
		Name of Person  ERVICES LLC  Firm/Company  EWAY N. UNIT 2004  Address  33014  City/State and Zip Code mail.com ress: (to be used for future annual report notification) rase call:	
	titanfreightservice@gmail.c		
	E-mail address: (	to be used for future annual report noti	tication)
For further information	on concerning this matter, please of	all:	
Nassim Tauil .			
Nan	ne of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	or the following amount:		
S25.00 Filing Fee	© S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
P.O. Box 6	on Section f Corporations	Registration Se Division of Cor The Centre of T	rporations Fallahassee

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TITAN FREIGHT SERVICES LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Com	pany were filed on	and assigned
Florida document number L21000416324		
his 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 ADDRES	<u></u>	
		·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Mutung duaress MAT BE AT OST OTTICE BOX		
		<b></b> .2
B. If amending the registered agent and/or registered of	fice address on our records, enter the na	ame of the new regist
gent and/or the new registered office address here:		
		60
Name of New Registered Agent:		· 经产
New Registered Office Address:		1
-	Enter Florida street address	39
<u> </u>	, Florida	
	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>	<u>Address</u>	Type of Action
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effective date is listed, the date must	be specific and cannot be price		re than 90 days after filing.	
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cord specifies a delayed effective s filed.	date, but not an effective	time, at 12:01 a.m. o	n the earlier of: (b) Th	e 90th day after the
15th of October	2021		$\searrow$	
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Typed or printed name of signee