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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	TON ACNITECT	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ben Ho	Name of Person	
	-	Firm/Company	
	2666 Joma	Address	
	Apollomobi E-mail address: (1	Chy/State and Zip Code US GMOIL COM to be used for Juture annual report notif	ication)
For further information c	oncerning this matter, please ca		
Ben Hokk Name o	ONEN f Person	at (850) 264 Area Code Daytime	†– 4099 Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Titan Architects LLC	٠.	· : : 3: 02
(<u>Name of the Limited Li</u> (A F)	ability Company as it now appears on our records. orida Limited Liability Company))
The Articles of Organization for this Limited Liabili	ty Company were filed on 09/25/23	and assigned
lorida document number Florida	·	
his amendment is submitted to amend the following	g:	
. If amending name, enter the new name of the	limited liability company here:	
itan Architect LLC		
he 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 AL	ODRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	7)	
3. If amending the registered agent and/or regist	ered office address on our records, enter t	he name of the new registe
gent and/or the new registered office address he	<u>re</u> :	
Name of New Registered Agent:	·	
New Registered Office Address:		
regulates office realized.	Enter Florida street address	 -
	Fla	ui da
	, F10	rida 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 Changing Registered Agent, Signature of New Registered Agent

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
			□Ađd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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ffective date, if other than the an effective date is listed, the date mustote: If the date inserted in this blocument's effective date on the Document	a be specific and cannot be ock does not meet the ai	prior to date of filing	u ar mara than DO do	(optional) ys after filing.) Pursua nts, this date will no	int to 605.0207 of be listed as
ecord specifies a delayed effective is filed.	e date, but not an effecti	ive time, at 12:01	a.m. on the earlier	r of: (b) The 90th	day after the
October 2	2023				
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ated	_				
And	Muse				
And	Museum Signature of a member or	authorized represen	itative of a member		···

Filing Fee: \$25.00

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For further information	f E-mail address: (concerning this matter, please ca	to be used for future annual report notifiall:	fication)
Beri Holl Name		at (850) 264 Area Code Daytime	†- 4099 e Telephone Number
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