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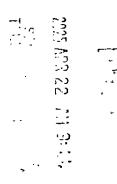
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## **COVER LETTER**

• • • • • • • • • • • • • • • • • • • •	stration Sec sion of Corp				
		care Ventures, LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	Articles of A	mendment and fee(s) are sub	emitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		Mark Llorente			
			Name of Person		_
		Titan Healthcare Ventures	, LLC		
			Firm/Company		
		9971 SW 124 Terrace			
			Address	<del> </del>	- : ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
		Miami, FL 33176			(7 (7
			City/State and Zip Code	•	- :
		mark.llorente@yahoo.com			
			to be used for future annual report no	ification)	
For further in	formation co	ncerning this matter, please c	all:		
Mark Llorente	e		305 915-0195 at ()		
	Name of	Person		ne Telephone Numbe	cr
Enclosed is a	check for the	following amount:			
<b>■ \$</b> 25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	© \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
	ing Address		Street Address: Registration Se	ection	
Registration Section Division of Corporations		Division of Co			
	Box 6327	-	The Centre of	Tallahassee	
Tali	ahassee, Fl	L 32314	2415 N. Monro	oe Street, Suite	810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City	Zip Code		
	t.nter Florida street address . Florida			
New Registered Office Address:	Enter Florida street a	ddress		
Name of New Registered Agent:				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>er</u>	nter the nan bit new registered		
D. If amending the registered agent and/or registered office	addrace on our records on	nter the near of to new majetared		
		<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33176			
Enter new mailing address, if applicable:	9971 SW 124 Terrace			
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33176	1.1.1.2		
Enter new principal offices address, if applicable:	9971 SW 124 Terrace			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation '	"LLC" or the abbreviation "L.L.C."		
Titan Health Partners, LLC				
A. If amending name, enter the new name of the limited liab	ility company here:			
This amendment is submitted to amend the following:				
Florida document number 000419437540				
The Articles of Organization for this Limited Liability Company	were filed on 11/27/2023	and assigned		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our re	ecords.)		
Titan Healthcare Ventures, LLC				

## 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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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☐ Change

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s filed. April 17 2025			
Amil 17 2025	ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	e 90th day aft	er the
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MM	2025		
(rv) $(ll)$ $(lr)$			
Signature of a member or authorized representative of a member	Signature of a member or authorized representative of a member	<del></del>	
Mark Llorente	Typed or printed name of signee		

Filing Fee: \$25.00