L24000063859

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| (Gity/Gtate/Zip/Filotte #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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02/12/24--01015--014 **25.00



COVER LETTER

| Division of Cor | porations | | ÷ ; | |
|-----------------------------|--|---|----------------------|--|
| | MEI "LLC" | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| | ondence concerning this matter | | | |
| • | C | C | | |
| | TUSHAR PALAN | | | |
| | - | Name of Person | | J. 🚎 |
| | TITAN HOME1 "LLC" | | | 2004 FEB |
| | | Firm/Company | | |
| | 4581 BARRISTER DRIVI | E | | 12 5 |
| | | Address | | ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;; |
| | CLERMONT, FL 34711 | | | |
| | | City/State and Zip Code | | |
| | tusharpalan@gmail.com | | | |
| | E-mail address: (| to be used for future annual report no | otification) | |
| For further information c | oncerning this matter, please c | all: | | |
| TUSHAR PALAN | | 352 255 3558 at () | | |
| Name e | f Person | Area Code Dayti | ime Telephone Number | |
| Enclosed is a check for the | he following amount: | | | |
| ■ \$25.00 Filing Fce | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | te of Status & |
| Mailing Addres Registration | | Street Address: Registration S | Section | |
| Division of C | | Division of Co | | |
| P.O. Box 632 | | The Centre of | | |
| Tallahassee, | FL 32314 | 2415 N. Monroe Street, Suite 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| TITAN HOMET "LLC" | | |
|--|---|------------------------------|
| (<u>Name of the Limited Liability Company</u> A Florida Limited Liab | as it now appears on our records.) bility Company) | |
| The Articles of Organization for this Limited Liability Company wo | ere filed on FEB 05, 2024 | and assigned |
| lorida document number L24000063859 | | |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limited liabilit | ty company here: | |
| he new name must be distinguishable and contain the words "Limited Liability | Company," the designation "LLC" or | or the abbreviation "L.L.C." |
| inter new principal offices address, if applicable: | | 26.2 |
| Principal office address MUST BE A STREET ADDRESS) | | - F: - 파 |
| | | |
| | 10 | |
| nter new mailing address, if applicable: | 714 | |
| Mailing address MAY BE A POST OFFICE BOX) | | . w |
| | | 777 - 191 |
| . If amending the registered agent and/or registered office add gent and/or the new registered office address here: | dress on our records, <u>enter th</u> | e name of the new regis |
| | | |
| Name of New Registered Agent: | | |
| Now Davistored Office Address | NA | |
| New Registered Office Address: | Enter Florida street address | |
| | , Flori | da |
| | 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 |
|--------------|-------------|----------------------|---|
| MGR | TORAL PALAN | 4581 BARRISTER DRIVE | ≣Ad d |
| | | CLERMONT, FL- 34711 | □Remove |
| | | | □Change |
| | · | | Add |
| | | | □ Remove |
| | | 9-319-R-3 | |
| | | | □Remove de la constant de la consta |
| | | | □Add |
| | | | □Remove |
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| | | | Elo. |
| | | | ☐ Change |

| etive date, if other than the date of filing: (optional) effective date, if other than the date of filing: (optional) (optional) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lument's effective date on the Department of State's records. Ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h) The 90th day a filed. | | · <u>-</u> | · | | |
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| ctive date. if other than the date of filing: (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to egy if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be I ment's effective date on the Department of State's records. | | | · | | |
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| Palan | FEB 02, 2024 | | | | |
| 6T alan | · | · | | | |
| Signature of a member or authorized representative of a member | 101 | | | | |
| | Signature of a member or as | thorized representativ | e of a member | | |

Filing Fee: \$25.00