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Registration Section **Division of Corporations**

Tallahassee, FL 32314

TO:

	me Guard LLC		
SUBJECT:	Name of Limi	ited Liability Company	<u>.</u>
	of Amendment and fee(s) are sub-		
Please return all corres	pondence concerning this matter (to the following:	
	Nathalia Awany		
		Name of Person	
		Firm/Company	
	2256 Lynx Avenue		
		Address	
	Davie FL 33324		
		City/State and Zip Code	
	E-mail address: (1	o be used for future annual report noti	fication)
For further information	concerning this matter, please ca	ill:	
Nathalia Awany		516 4517833 at ()	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration	Section	Street Address: Registration Se	
Division of P.O. Box 63	Corporations 27	Division of Cor The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Titan Home Guard LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our rec Liability Company)	ords.)		
The Articles of Organization for this Limited Liability Company were filed on April 03 2024 Florida document number L24000154051				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company." the designation "l	LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	l Oakwood Blvd	1024		
Principal office address MUST BE A STREET ADDRESS)	Suite 218	量		
	Hollywood FL 33020	-		
Enter new mailing address, if applicable:	l Oakwood Blvd	A 5.04		
Mailing address MAY BE A POST OFFICE BOX)	Suite 218			
	Hollywood FL 33020	<u> </u>		
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the new regis		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street ada	dress		
		, 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 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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□ Change
			□Add
			□Remove
			□Change
			
			Remove
			Change
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			Remove
			∏Change

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ective date, if other than to the effective date is listed, the date is tee. If the date inserted in this cument's effective date on the	must be specific and cannot block does not meet the	he applicable		ore than 90 days af		
ecord specifies a delayed effects s filed.	tive date, but not an ef	fective time,	at 12:01 a.m. (on the earlier of:	(b) The 90th da	y after the
May 20	20)24				
		<u> </u>				
Malhali	= Awm					
Malhali	Signature of a member	er or authorize	d representative	of a member		