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## FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR TALLAHASSEE, FL 32309

**EXAMINER'S INITIALS:\_\_\_\_** 

(850) 491-9625 Brandon (850) 524-5437 Teresa (850) 524-6243 Rich

Please use funds from account: 120210000160: \$25.00

Authorization Signature: Maria Maria

Authorization Sigi	nature: //a///	tull
Business Name: Document # Certified Copy Certificate of S		
<b>NEW FILINGS</b>	&	<u>AMENDMENTS</u>
Profit CorpNot for ProfitLimited LiabilityDomesticationLLLPCorpIncOther		XAmendmentResignation / DissociationChange of Registered AgentDissolution for LLCMergerArticles of ConversionAmended & Restated Articles of IncorporationStatement of Correction
APOSTILLE(s)Apostille(s)Country(s)	&	OTHER FILINGS Foreign Filing LLCReinstatementQualificationFictitious NameAnnual Report

# FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR TALLAHASSEE, FL 32309

EXAMINER'S INITIALS:\_\_\_\_

(850) 491-9625 Brandon (850) 524-5437 Teresa (850) 524-6243 Rich

Please use funds	<u>from accour</u>	<u>nt:</u> I20210000160: \$25.00
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NEW FILINGS	&	<u>AMENDMENTS</u>
Profit CorpNot for ProfitLimited LiabilityDomesticationLLLPCorpIncOther		X_AmendmentResignation / DissociationChange of Registered AgentDissolution for LLCMergerArticles of ConversionAmended & Restated Articles of IncorporationStatement of Correction
APOSTILLE(s)Apostille(s)Country(s)	&	OTHER FILINGS Foreign Filing LLCReinstatementQualificationFictitious NameAnnual Report

### **COVER LETTER**

SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARLON P BARNETT		
		Name of Person	<del></del>
	TITAN ASSET SERVICE	SLLC	
		Firm/Company	
	15608 NW 5TH STREET	- SUITE B	
		Address	
	PEMBROKE PINES, FL.	33028	
	<del></del>	City/State and Zip Code	····
	TITANSERVICES08@GM		•
		to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
MARLON P BARNETI		954 243 - 4234	
Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne 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 Address:

TO:

Registration Section Division of Corporations

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

2024 00 1 2 2 711 10: 15 TITAN ASSET SERVICES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 07/18/2024 and assigned Florida document number <u>1.24000325564</u> This 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_\_\_\_. Florida \_\_\_

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SAED MATTAR	15608 NW 5TH STREET - SUITE B. PEMBROK	E PI ≣∧dd
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	10/22/2024			
ve date, if other than the da ective date is listed, the date must be	ite of filing: e specific and cannot be prior t	o date of filing or more tha	(optional) n 90 days after filing.) Pursua	ant to 605.0
If the date inserted in this block ent's effective date on the Depa	c does not meet the applica	ble statutory filing requ	irements, this date will no	ot be listed
ent's effective date on the Depa	nument of State s records.			
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OCTOBER 22	2024	<u> </u>		
<u>Marlon</u>	Barnett		1	