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LLC NIC Amend

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2025-DEC 10 PH 4: 02

A. RAMSEY

DEC 11-2024

COVER LETTER

Division of Col			
SUBJECT:	iton Dragage	eted Liability Company	
	Name & Lin	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Alfred	Tanelli Name of Person	
	Titan	Firm/Company	
	Po B	Address	
	SIL 1	47 08243	
	alfred i	City/State and Zip Code Connellio	ication)
For further information of	concerning this matter, please ca	dl:	
Alfred Name o	Tannelli of Person	at (Losq) U.S.7 Area Code Daytin	4250 ne Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	☐ \$30.00 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ction
Division of Corporations P.O. Box 6327		Division of Cou The Centre of [rporations

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



	OF	2824 DEC 10 AM 11: 39
(Name of the Limited	Liability company as it now appears on Florida Limited Liability Company)	SE RETARY OF A SHIP!
The Articles of Organization for this Limited Liab Florida document number 24000 490		25 24 and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the Titan Dro The new name must be distinguishable and contain the work		ation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	<u></u>
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address		ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	reet address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Reg	gistered 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
			(] Add
			□Remove
			□Add
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		<u>, 1888 (1884 - </u>	☐ Change
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			Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) _ (optional) E. Effective date, if other than the date of filing: (If an 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Filing Fee: \$25.00