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(Re	equestor's Name)	
. (Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
. PICK-UP	☐ WAIT	MAIL
· (Bu	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	-

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COVER LETTER

TO: Registration : Division of Co			
TIMELES	SS GROUP OF COMPANIES,	LLC	
SUBJECT:	Name of Li	nited Liability Company	
	of Amendment and fee(s) are su		
r tease retain an eones _i	SAMUEL J. CANTOR	to the tollowing.	
	SAMUEL J. CANTOR, P	Name of Person	
	1001 YAMATO ROAD,	Firm/Company	·
		Address	
	BOCA RATON, FL 3343	City/State and Zip Code	·····
	PAT IY@SAMCANPA.CO	DM to be used for future annual report notif	
For further information	concerning this matter, please c	all:	
PATRICIA KOHSMAN	1	at () 982-9555 Area Code Daytime	
Name (of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he 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 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAH	INC: ADDRESS:	STRFKT/COERIA	'R ADDRESS

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TIMELESS GROUP OF COMPANIES, 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 C	Company were filed on 05/24/200	7 and assigned
Florida document number 1.07000055759	'	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	ited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	RESS)	
	 	
		THE T
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	 -	
B. If amending the registered agent and/or regis	tered office address on our r	ecords, enter the name of the nev
registered agent and/or the new registered office add	ress here:	40
		<u></u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	
	Enter Florida street	
	City	, Florida
New Registered Agent's Signature, if changing Registered	•	·· ·
I hereby accept the appointment as registered agent operwisions of all statutes relative to the proper and concept the obligations of my position as registered agonizing filed to merely reflect a change in the registered company has been notified in writing of this change.	and agree to act in this capacity complete performance of my dutient as provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is
	If Changing Registered Agent, Sign	ature 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
MGR	AMANDA LABELL	100 BASE AVENUE EAST	
 .		VENICE, FL 34285	= Add
		111111111111111111111111111111111111111	□ Remove
			[] Change
MGR	BLAKE ANDERSON	100 BASE AVENUE EAST	
		VENICE, FL 34285	O Add
			₽ Remove
			☐ Change
·			O Add
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fect	tive date, if other than the da fective date is listed, the date must be	specific and cannot b	se prior to date of filling	or more than 90 days	affer filling.) Pursuant	to 605.0207
ote:	tive date, if other than the dat fective date is listed, the date must be If the date inserted in this block	does not meet the	applicable statutory	filing requirements	, this date will not b	to 605.0207 be listed as
ote:	tive date, If other than the dai fective date is listed, the date must be If the date inserted in this block nent's effective date on the Depar	does not meet the	applicable statutory	filing requirements	, this date will not b	to 605.0207 be listed as
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re	If the date inserted in this block	does not meet the timent of State's refective date, by	applicable statutory cords.	filing requirements	, this date will not b	be listed as
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Page 3 of 3

Filing Fee: \$25.00