# 718000017

(Req	uestor's Name)	<del></del>
(Add	ress)	
(A.d.)	ress)	
(Add	ress)	
(City	/State/Zip/Phone	÷#)
PICK-UP	MAIT	MAIL MAIL
(Bus	iness Entity Nan	ne)
-		
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

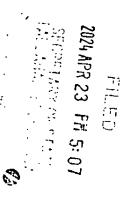




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5/6/24 RW



## COVER LETTER

TO:	Registration Se Division of Cor			,
		₹.	TKV LLC	'
SUBJI	ECT:	Name of Lim	ited Liability Company	<del></del>
		Amendment and fee(s) are sub	-	
Please	return all correspo	ndence concerning this matter	to the following:	
			MICHAEL GLEISSNER	
			Name of Person	
			TKV LLC	
			Firm/Company	
			4 Taylor Street	
			Address	
			Millburn, NJ 07041	
			City/State and Zip Code	
		E-mail address: I	filing-us-fl@moas.com to be used for future annual report no	diffication)
For fu	rther information c	oncerning this matter, please c	-	(iii)
МСІ	IAEL GLEISSNE	R	212 796-4304 at ()	
	Name o	f Person		me Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>■</b> \$2	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 Addres Registration S		Street Address: Registration S	ection
	Division of C	orporations	Division of Co	orporations
	P.O. Box 632 Tallahassee, l		The Centre of 2415 N. Monr	+allahassee oe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TKV LLC			
( <u>Name of the Limited Liability Company as</u> (A Florida Limited Liabili	it now appear ty Company)	s on our records.)	
the Articles of Organization for this Limited Liability Company were	e filed on	February 10, 2016	_ and assigned
lorida document number 1.16000028786			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liability	company he	<u>re</u> :	
Timeforce LLC			
he new name must be distinguishable and contain the words "Limited Liability Co	ompany," the de	esignation "LLC" or the abbro	eviation "L.L.C."
nter new principal offices address, if applicable:		1.0	g <b>28</b>
Principal office address MUST BE A STREET ADDRESS)			
			7 23 TT
			: S [7]
nter new mailing address, if applicable:			<u> 3</u> 0
Mailing address MAY BE A POST OFFICE BOX)			- <del>9</del>
		2	7
Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address here:  Name of New Registered Agent:	ess on our re	ecords, enter the name	Of the new r
Name of New Registered Agent:			·
New Registered Office Address:	Enter Flor	ida street address	
		Elanida.	
	City:	Florida	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
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			[] Change

#### Page 2 of 3

amending an	y other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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<del> </del>		-
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an effective date i lote: If the date	if other than the date of filing:	
e record spec The 90th da	crifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earliesy after the record is filed.	ier of
ated	APRIL 15 . 2024	
	Signature of a member or authorized representative of a member	
	MICHAEL GLEISSNER	
	Typed or printed name of signee	

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