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Office Use Only



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11/20/23



## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: TIMS Stream line 1946 Sales LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Timothy carey-619,5  Name of Person  Tims Streamline Auto sales  Firm/Company
Firm/Company
10628 New Kings 1d
City/State and Zip Code  Timothy Carey 6/9, 5 @ y9690. < 0 M  E-mail address: (to be used for ruture annual report notification)
For further information concerning this matter, please call:
T IM a + by C 9/ by - 6/4/5 at 901 778 - 5957  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:    S30.00 Filing Fee   S30.00 Filing Fee &   S55.00 Filing Fee &   S60.00 Filing Fee   S60.00 Filing Fee   Certificate of Status   Certified Copy   Certificate of Status & Certified Copy   Certified
Mailing Address:  Registration Section  Street Address:  Registration Section

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

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

Tim's Stream (Name of the Limite)	M / / D C / d Liability Compa A Florida Limited I	Ay to ny as it now a liability Compa	SGIRS L  ppears on our records.)  any)	CC	
The Articles of Organization for this Limited Lie Florida document number <u>L/2∞0 288 2</u>		were filed o	n <u>17-17-70</u>	18 and assign	ıed
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility compar	ny here:		
The new name must be distinguishable and contain the well- Enter new principal offices address, if applica (Principal office address MUST BE A STREE)	ble:	ity Company,"	the designation "LLC" or the	he abbreviation "L.L.C	
Enter new mailing address, if applicable:				<b>د</b> ۔،	
(Mailing address MAY BE A POST OFFICE E	<u>80X)</u>			57,114	
B. If amending the registered agent and/or re agent and/or the new registered office address		address on o	ur records, <u>enter the i</u>	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	لسا
Name of New Registered Agent:	Alexar	oler-	Charland	E. FL STATE	<u>-</u>
New Registered Office Address:	·	Ente.	r Florida street address	<del> </del>	<del></del>
			, Florida	a	
		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>	<u>Address</u>	Type of Action
AMBR	Alexander Charland	2200 Southside Blud 32216	☑Add
			□Remove
		<del></del>	Change
			□Add
		<del></del>	□Remove
			□Change
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			Remove
			SECON LAND PH 200 PH 19 Change SCEEFLE
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ffecti	exite date is insect the date mast be specifie and earnor be prior to date of ming of more man 70 days after ming.) I disdain to 000.0207
iote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
vote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
Note: locume	ent's effective date on the Department of State's records.
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00