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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : A PLUS ACCOUNTING GROUP LLC

Account Number : 120210000188 Phone

: (786)348-3628

Fax Number

: (786)513-2455

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TIMES UP BAR AND LOUNGE LLC

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S. PRATHER

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Page: 4 of 7

From: Aurys Rodrig

COVER LETTER

то:	Registration Sect Division of Corpo	ion prations		
	TIMES UP B.	AR AND LOUNGELLC		
SUBJ	ЕСТ:	Name of Limited	Liability Company	
		mendment and fee(s) are submi		
Pleas	e return all correspon	dence concerning this matter to	the following:	
		PEDRO OTONIEL PINTERO)	
			Name of Person	
			Finn/Company	
		865 W 69TH PL		
			Address	
		BIALFAITEL, 33014		
		AURY 1228@YAHOO.COM		
		E-mail address: (to	o be used for funite annual report notifi	cation)
For further information concerning this matter, please cal OTONUL PEDRO PINEIRO		786 303-0474		
	Name (of Person	at () Area Code Daytime	Telephone Number
Етк	closed is a check for t	he following amount:		
	\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee. Centificate of Status & Centified Copy (additional copy is eaclosed)

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

Street Address:
Registration Section
Division of Corporations The Centre of Tailahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TIMES UP BAR AND LOUNGE LA	С		- AHA	1 NO!
(Name of the Limite	I Liability Company a A Florida Limited Liabi	his now appears on our records.)	25.27 10.25	NOV 23
The Articles of Organization for this Limited Lize 1.21000091461 Torida document number 1.21000091461 This amendment is submitted to amend the follo	· · ·	re filed on	and assigned STATE	VR 11: 01
A. If amending name, enter the new name of	the limited liability	company here:		
Enter new principal offices address, if applica	able: _			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	- <u>BOX)</u> -			
B. If amending the registered agent and/or agent and/or the new registered office addre	egistered office ado ss here:	dress on our records, enter the n	name of the new regi	stered
Name of New Registered Agent:	LUIS E SEUT			
	28 NE 14TH STR		ords, enter the name of the new registered	
	document number 1.21000091461 Interded to amend the following: Interding name, enter the new name of the limited liability company here: Interest address if applicable: Interded address interded agent and/or registered office address on our records, enter the name of the new and/or the new registered office address here: Name of New Registered Agent: Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Office Address: Enter Florida street address	a 33132		
		City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

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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.

or 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 = M $AMBR = A$	lanager athorized Member		
<u>Title</u> AMBR	Name PEDRO OTONIEL PINEIRO	Address 865 W 69 TH PL HEALEAH, FL 33014	Type of Action
			□Remove
			Change
AMBR	RASHE ARAMBIER FO PORTULA	500 NW 36TH ST APT 504 MIAMUFL, 33127	iX∕Add
			□Remove
			□Change
			🗆 Add
			□Remove
			Change
			□Add
			©Remove
			Clunge
			□Add
			Remove
			Change
			🖸 Add
			TRemove
			Clunge

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
		
		
	·	
, /		
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 tiling or more than 90 days after (fling.) Pursuite: [Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will 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 n.m. on the earlier of: (b) The 90 record is filed.	th day after (the
11/10/ 2021		
Dated (Company)	ALL	2021
Signature of a member of authorized representative of a member	AHAS	AON
fedro Oprice Poneino.	SSHE WAY C	W 23 AH
Typed or printed name of signee	OF STAT E. FLORI	2021 NOV 23 AM II:
	SET TAT	

Filing Fee: \$25.00