

4/5/22, 5:09 PM

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**L22000130833**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000124436 3)))



H220001244363ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : JAMES RIDOUT SERVICES, INC.
Account Number : I20200000019
Phone : (954)612-8899
Fax Number : (954)530-0843

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

Email Address: accountingteam@jamesridoutcpa.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

TIMOTHY CLAUS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2022 APR -6 1:11:17

2022 APR -6 AM 9:33

APPROVED
AND
FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Timothy Claus 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:

James Ridout

Name of Person

James Ridout CPA

Firm/Company

2159 Wilton Manors

Address

Wilton Manors, FL 33305

City/State and Zip Code

accountingteam@jamesridoutcpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Ridout

954
at ()

368-3817

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

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

Street Address:

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

Timothy Claus 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 Company were filed on 03/15/2022 and assigned
Florida document number L22000130833.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

415 SE 11th Court

(Principal office address MUST BE A STREET ADDRESS)

Fort Lauderdale, FL 33216

Enter new mailing address, if applicable:

415 SE 11th Court

(Mailing address MAY BE A POST OFFICE BOX)

Fort Lauderdale, FL 33316

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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

APPROVED
AND
FILED
2022 APR -6 AM 9:33
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
NORTH DAVENPORT COUNTY, FLORIDA

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>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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.

Dated April 5, 2022

John Smith Registered Agent
Signature of a member or authorized representative

Signature of a member or authorized representative of a member:

James Ridout

Typed or printed name of signee

Filing Fee: \$25.00