

LOT 000 107060

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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FILED
15 MAY 26 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 27 2015

J SHIVERS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Marys Concierge Services

(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 October 22, 2007 and assigned
Florida document number L07000107060.

This amendment is submitted to amend the following:

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

Time Is On Your Side L.L.C.

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:

3588 Alder Drive Unit H2

(Principal office address MUST BE A STREET ADDRESS)

West Palm Beach FL33417

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

n/a

New Registered Office Address:

n/a

Enter Florida street address

n/a

Florida

City

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CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
PALM BEACH, FLORIDA

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

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Marys Concierge Services

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:

Mary B. Griffin

Name of Person

Marys Concierge Services

Firm/Company

3588 Alder Drive Unit H2

Address

West Palm Beach FL 33417

City/State and Zip Code

mmmayo@bellsouth.net

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

For further information concerning this matter, please call:

Mary B. Griffin

561
at ()

683-9147

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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>
MGR	Michael J. Griffin	3588 Alder Drive Unit H2	<input checked="" type="checkbox"/> Add
		West Palm Beach FL 33417	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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COMMUNICATIONS SECTION

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.

Dated 5-20-15 _____,

Mary B. Guffin
Signature of a member or

Signature of a member or authorized representative of a member

Mary B. Griffin

Typed or printed name of signee