## L08000063191

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	<b>⇒</b> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE

K. SALY FEB - 1 2017

## **COVER LETTER**

TO: Registration Section Division of Corp				
1005B UNIT	ED, LLC - REQUEST FOR C	CHANGE OF NAME		
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.		
Please return all correspon	dence concerning this matter t	to the following:		
	JEFFREY LOUIS SHAW			
	<u> </u>	Name of Person		
	REGISTERED AGENT			
		Firm/Company	<del> </del>	
1901 S ROOSEVELT, APT 108 EAST				
		Address	<del> </del>	
	KEY WEST, FLORIDA, 3	3040		
		City/State and Zip Code	<del></del>	
	timesroman@hotmail.com	o be used for future annual report notific	ation)	
For further information co	ncerning this matter, please ca			
JEFFREY SHAW		305 393 4767		
Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	e 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**OF** 

ARTICLES OF O	RGANIZATION / //
OI	POIL LED
1005B UNITED, LLC	SON PM
(Name of the Limited Liability Compan (A Florida Limited Li	RGANIZATION  F  20/7  AN 30  PM 2: /9  ability Company)
The Articles of Organization for this Limited Liability Company v	were filed on $\frac{06/27/2008}{}$ and assigned
Florida document number L08000063191	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
TIMESROMAN KW, LLC	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ice address on our records, enter the name of the nev
Name of New Registered Agent:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street uddress
	, 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

IGR = N MBR = A	Manager Authorized Member		ALLEN	
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record specifies a delayed effective d The 90th day after the record is filed.	ate, but not an effe	ctive time, at	12:01 a.m. (	on the earlier
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Filing Fee: \$25.00