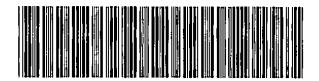
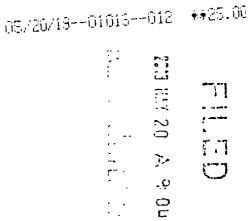
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(Requestor's Name)	
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D SCOTT

JUN - 5 2019

## **COVER LETTER**

TO:

Registration Section

Division of C	Corporations		
Times F	our, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Philip S Cogan		
	Times Four, LLC	Name of Person	<del></del>
	9966 SW Trumpet Tree Cu	Firm/Company rele	
	Port St. Lucie, FL, 34987	Address	
	eyewwire0502@yahoo.com		
		to be used for future annual report notification)	<del>_</del>
For further informatio	in concerning this matter, please ca	all: 	
Philip S Cogan		754 234-4658	
Naп	ne of Person	Area Code Daytime Telephone Nur	mber
Enclosed is a check fo	or the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	0 Filing Fee, ificate of Status & ified Copy ional copy is enclosed)
Reg Div P.O	dLING ADDRESS: distration Section ision of Corporations . Box 6327 dahassee, FL 32314	STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	S:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Times rour, LLC					
(Name of the Limited I (A	liability Company Florida Limited Lia	as it now appears on our bility Company)	records.)		
The Articles of Organization for this Limited Liabi	lity Company w	ere filed on <u>08/06/2008</u>		and a	ssigned
Florida document number L08000075381					
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of th	e limited liabili	ty company here:			
The new name must be distinguishable and contain the word	s "Limited Liability	Company," the designation	"LLC" or the abb	reviation "	L.L.C."
Enter new principal offices address, if applicabl	e:		<u>.</u>	حي	<del> </del>
(Principal office address MUST BE A STREET A	(DDRESS)			فيات 	<u> </u>
			,	2.5	<u>,</u>
			:	Ü	- T
Enter new mailing address, if applicable:			<b>→-</b>	7-	1-7
(Mailing address MAY BE A POST OFFICE BO	(X)		,	Q.	
	Ī			12 12	
Name of New Registered Agent:  New Registered Office Address:	address nere:				
New Registered Office Address.		Enter Florida street	address		
			_, Florida		
_		City		Zip Cod	ę
New Registered Agent's Signature, if changing Regi	istered Agent:				
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this change.	ind complete pe red agent as pro istered office ac	erformance of my dution ovided for in Chapter	es, and I am fa 605, F.S. Or, i	miliar w f this do	ith and cument is
	If Changi	ng Registered Agent, <u>Sign</u> :	ature of New Reg	istered Ag	<u>ent</u>

Page 1 of 3

	l from our records:	ted to manage, enter the title, name, and address	
MGR = N AMBR = A	Aanager Authorized Member		
<u>Γitle</u>	Name Jacqueline Cogan	Address  9966 SW Trumpet Tree Circle.	Type of Actio
AMBR		Port St. Lucie , FL, 34987	Ađd
			□ Remove
			Change
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ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the De	be specific and cannot be prior to date of the does not meet the applicable start	of filing or more than 90 days aft	tional) er tiling.) Pursuant to 605.02 nis date will not be listed
e record specifies a delayed The 90th day after the reco	effective date, but not an elord is filed.	ffective time, at 12:01	a.m. on the earlier
May 16	2019		
Was C	Signature of a member or authorized re	presentative of a member	
Philip S Cogan	'		
	Typed or printed name	of signee	
	Page 3 of 3		

Page 3 of 3

Filing Fee: \$25.00