L08000101700

Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MOBILE MEDIC RECERTIFICATIONS P.L.

Certificate of Status	0
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J. BRYAN
NOV -7 2011
EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: MOBILE MEDIC RECERTIFICATIONS P.L.
(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:

Barbara Dang
(Name of Person)

Legalzoom.com, Inc.
(Firm/Company)

100 W. Broadway Suite 100
(Address)

Glendale, CA 91210
(City/State and Zip Code)

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For further information concerning this matter, please call:

Barbara Dang at (323) 962-8600
(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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MOBILE MEDIC RECERTIFICATIONS P.L.
(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 10/30/2008 and assigned Florida document number L08000101700

This amendment is submitted to amend the following:

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

Timeless Light Media, LLC

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

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 608, 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)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Jocelyn Rene Flynt	489 Coral Way Coral Gables, FL 33134	☑ Add ☐ Remove
MGRM	Rachel Marie Flynt	489 Coral Way Coral Gables, FL 33134	☑ Add ☐ Remove
MGRM	Jennifer Anne Flynt	489 Coral Way Coral Gables, FL 33134	☑ Add ☐ Remove
MGR	John Edward Flynt	489 Coral Way Coral Gables, FL 33134	☑ Add ☐ Remove
Pres	John E. Flynt	489 Coral Way Coral Gables, FL 33134	☐ Add ☑ Remove
MGRM	John Edward Flynt	489 Coral Way Coral Gables, FL 33134	☑ Add ☐ Remove

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

Article III - The purpose for which the Limited Liability Company is organized is:

Entertainment

Article V - The management structure of the Limited Liability Company shall be vested in Managers.

Dated 10/26/, 2011.

Signature of a member or authorized representative of a member

John E. Flynt

Typed or printed name of signer

Filing Fee: $25.00

Attachment to Articles of Amendment

To Articles of Organization of

MOBILE MEDIC RECERTIFICATIONS P.L.

Title	Name	Address	Action
MGRM	Jocelyn Rene Flynt	489 Coral Way Coral Gables, FL 33134	Add

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