L10000131752

(Re	questor's Name)	
(Ad	dress)	
`		
	dress)	·
(Au	uiess)	
(Cit	y/State/Zip/Phone	e #)
	_	_
PICK-UP	☐ WAIT	MAIL
•		
(Bu	siness Entity Nar	ne)
	5/1000 Z.11117 / 101	,,,,,
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		j
		ŀ
		ł





900254564779

01/06/14--01005--011 **25.00

FILED

14 FEB -3 PH 1:22

SECRETARY OF STATE
TALLAHASSEF, FLOBIO

The The Party and the Party an

COVER LETTER

TO:		stration Secti ion of Corpo				
eun ie	ст.	INSTANT	S-167, LLC			
SUBJE	C1: _		Name of Limite	ed Liability Company		_
The enc	losed.	Articles of Ar	nendment and fee(s) are subr	nitted for filing.		
Please re	eturn a	all correspond	ence concerning this matter t	to the following:		
			DAVID J COX			
				Name of Person		
			ABOUT TIME MANA	AGEMENT, LLC		
				Firm/Company	 	
			707 SAMMS AVI	E, STE D		
				Address		
			PORT ORANGE, F	L 32129		
			OTERALII DE OMALO:	City/State and Zip Code		_
			STEFANI.BROWN@	ONEHOURAIR.COM o be used for future annual repo	rt notification)	_
For furti	her int	ormation con	cerning this matter, please ca	·	,	
STEF	ANI	BROWN		386 788-	-2240	
		Name of P	erson		Daytime Telephone Nun	nber
Enclose	d is a	check for the	following amount:			
a \$25.0	00 Fil	ing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is end	Certit closed) Certi	Filing Fee, ficate of Status & fied Copy tional 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



January 14, 2014

DAVID J COX 707 SAMMS AVE STE D PORT ORANGE, FL 32129

SUBJECT: INSTANTS-167, LLC Ref. Number: L10000131752

We have received your document for INSTANTS-167, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 514A00000925

Tim Burch Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INSTANTS-167, LLC			
(Name of the Limited I (A	Liability Compa Florida Limited I	ny as it now appe Liability Company	ears on our records.)
The Articles of Organization for this Limited Lia Florida document number L10000131752	bility Company	were filed on DE	ECEMBER 28, 2010 and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liab	ility company h	ere:
ATM-167, LLC			
The new name must be distinguishable and end with "L.L.C."	the words "Lim	ited Liability Con	npany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	SAME	
(Principal office address MUST BE A STREET	ADDRESS)		14 SEC
			AHR FE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<i>0X</i>)	SAME	ASSEE, FLO
			SRID 22
B. If amending the registered agent and/o registered agent and/or the new registered off			A
Name of New Registered Agent:	ABOUT TIME	E MANAGEMEN	√T, LLC
New Registered Office Address:	707 SAMMS	AVE, STE D	
		I	Enter Florida street address
	PORT ORAN	IGE	, Florida <u>32129</u>
		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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address <u>1</u>	ype of Action
MGRM	ABOUT TIME MANAGEMENT, LLC	707 SAMMS AVE, STE D	_ 🕢 Add
		PORT ORANGE, FL 32129	Remove
PRES	DAVID J COX	707 SAMMS AVE, STE D	Add
		PORT ORANGE, FL 32129	Remove
		TALLAHASSEE, FLORIDA	Add Reimove Add Remove
			Add
			Add

	nation, enter change(s) here: (Attach additional she	
		
effective date is listed, the da	he date of filing:	(optional) after filing.) (605.0207 (3
effective date is listed, the da	ate must be specific and cannot be more than 90 days	(optional) after filing.) (605.0207 (3
effective date is listed, the da	te must be specific and cannot be more than 90 days 2014	after filing.) (605.0207 (3
effective date is listed, the da	ate must be specific and cannot be more than 90 days	after filing.) (605.0207 (3
effective date is listed, the da	2014 Signature of a member or authorized representative of a n	after filing.) (605.0207 (3
effective date is listed, the da	Signature of a member or authorized representative of a name of signee	after filing.) (605.0207 (3
effective date is listed, the da	2014 Signature of a member or authorized representative of a n	after filing.) (605.0207 (3

14 FEB -3 PH 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA