L13000167116

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(Cir	ty/State/Zip/Phone	e #)
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COVER LETTER

TIMEPLA	STILC		
SUBJECT:		ited Liability Company	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CHRISTIAN SANCHELI	MA ESQ	
		Name of Person	
	SANCHELIMA & ASSO	CIATESP.A.	
		Firm/Company	
	235 SW LE JEUNE F	RD	
		Address	
	MIAMI, FLORIDA 3313	4	
		City/State and Zip Code	
	LEGAL@SANCHELIMA.	COM to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	·	
CHRISTIAN SANCHE		305 447-1617	
	of Person	at () Area Code Daytime	Telenhone Number
· ·	,	The code Sayume	Total Manage
Enclosed is a check for t	he 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)
Regist	ING ADDRESS:	STREET/COURIE Registration Section	1

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TIMEPLASTILLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records. ted Liability Company))
The Articles of Organization for this Limited Liability Comp	any were filed on 12/03/2013	and assigned
Florida document number L13000167116		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		I or one
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		S V
		57
TO TO 15 15 15 15 15 15 15 15 15 15 15 15 15		
		enter the name of the ne
Name of New Registered Agent:		enter the name of the ne
registered agent and/or the new registered office address		
	here: Enter Florida street address	

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 Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	JOSE O. CASIQUE CASIQUE	532 Palmetto Drive	■ Add
		Miami Springs, FL 33166	Remove
			☐ Change
AMBR JOSE O. CASIQUE LEAL	JOSE O. CASIQUE LEAL	532 Palmetto Drive	⊟ Add
		Miami Springs, FL 33166	□ Remove
		 	☐ Change
		☐ Remove	
		□ Change	
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Effective date, if other than the (If an effective date is listed, the date means the Mote: If the date inserted in this bedocument's effective date on the I	lock does not meet the applicable statutory	(optional) g or more than 90 days after filing.) Pursuant to 605.0207 (filing requirements, this date will not be listed as the
the record specifies a delaye) The 90th day after the re		ive time, at 12:01 a.m. on the earlier of:
Dated	2016	
C.		
	Signature of a member or authorized represer	ntative of a member
	biginatare of a memoer of activities represen	

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Filing Fee: \$25.00