## L140000 44409

Office Use Only



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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: Prime	Time Collect	ables, L.L.C.	
SUBJECT:		ited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Jason J. Zie	gler	
		Name of Person	
		Firm/Company	
	2219 Summ	er Raye Court	
		Address	•
	St. Cloud, F	lorida 34772	
		City/State and Zip Code	
£*	ptcollectibles.jz@	gmail.com to be used for future annual report notifi	· 1
".	•		ication)
For further information co	oncerning this matter, please ca		
James C. H	lemphill	$_{at}$ $407_{0}$ $892-13$	506
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building Tallahassee, FL 32314

2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Prime Time Collectables, L.L.C.		ZOILHAR SECRETT
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.)	
(A Florida Limited L	Liability Company)	724 F
The Articles of Organization for this Limited Liability Company	were filed on 03/18/2014	and Assigned
Florida document number L14000044409		0 1 1: <b>-2</b>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Prime Time Collectibles, L.L.C.		
The new name must be distinguishable and end with the words "Limited Liab	ility 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)	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		iter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
The in regulation Office (hadden)	Enter Florida street address	
	, Florida	a

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			_ □ Remove
			Remove
		<del></del>	Add 2014 Remove TOTALL AHASSE
			AR 24 PH
<u>-</u>			TORRIDA TO
			□ Remove
			Add
			□ Remove
			Add

amending any other information, enter	change(s) here: (Attach additional sheets, if necessary.
,	
fective date, if other than the date of filing effective date must be specific, cannot be prior to de date this document is filed by the Florida Department	late of receipt or filed date and cannot be more than 90 days after
<sub>ted</sub> March 20th	2014
Dated March 20th	, <u>2014</u> .
Signature of a	a member or authorized representative of a member
James C. Hemphill	
,	Typed or printed name of signee

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Filing Fee: \$25.00