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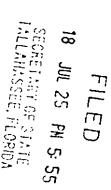
(Requestor's Name)	
(Address)	
(Address)	
	City/State/Zip/Phone #)	
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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies	Certificates of \$	Status
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O SIMMONS
JUL 3 () 2018

COVER LETTER

TO: Registration Division of C			•
SUBJECT: TI	ME INStallo Name of Limi	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are subr	mitted for filing.	
Please return all corres	spondence concerning this matter t	to the following:	
	Mark T. Hr.	ecKD Name of Person	
	TIME IN	Firm/Company	C
	4942 L	emonwood LP, Address	
	Holiday	FL. 34690 City/State and Zip Code)
	hreckon E-mail address: (1	@ Yahoo, Com	ication)
For further informatio	n concerning this matter, please ca	ail:	
Mark T.H Nam	recko e of Person	at (727) 644 Area Code Daytime	- 4899 Telephone Number
Enclosed is a check fo	r 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TIME Installations L.L.C.

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document numberL14000159111	were filed on Oct. 13	3 120/4 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabit	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		SECON L
(Principal office address MUST BE A STREET ADDRESS)		PR PR
Enter new mailing address, if applicable:	<u> </u>	Long St.
(Mailing address MAY BE A POST OFFICE BOX)		2 V
	•	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records e:	s, enter the name of the nev
	·	:
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	ts
		orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		

If Changing Registered Agent, Signature of New 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = A	uthorized Member	•	
Title .	Name .	Address	Type of Action
AMBR	Tony Sturniolo	11233 108 WAY	
		11233 108 WAY Largo, FL 33778	Remove
			Change
	···.		Add
			Remove
		T.S.	☐ Change
			Addi ZS Remby
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	.•		Remove
			Change
			Add
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ective date, if other than the date of filir	ng:	(0	optional)
effective date is listed, the date must be specific ar e: If the date inserted in this block does not	nd cannot be prior to date of fi	ling or more than 90 days	after filing.) Pursuant to 605.02
ument's effective date on the Department of	State's records.	erj ming requirements.	, this date will not be listed
ecord specifies a delayed effective he 90th day after the record is filed	date, but not an effe	ective time, at 12:0)1 a.m. on the earlier
·			
ed July 21	2018		
M 1 1	/		
ed July 21 Mark J. A Signature of a	racle	contative of c	
	a rucumer or authorized tebic	SCHIALIVE OF A INCHIDER	

Page 3 of 3

Filing Fee: \$25.00