

L14000165050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

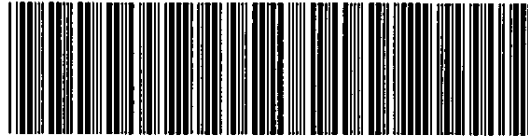
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/20/15--01018--020 **25.00

FILED

15 APR 20 PM 12:20

DEPT. OF STATE
TALLAHASSEE, FLORIDA

APR 30 2015

T BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TIMEDSIGNS LLC
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:

RAUL GONZALEZ

Name of Person

TIMEDSIGNS LLC

Firm/Company

16442 SW 97TH ST.

Address

MIAMI, FLORIDA 33196

City/State and Zip Code

raul.gm.designer@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAUL GONZALEZ

Name of Person

at (786)

Area Code

260-7022

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TIMEDSIGNS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
15 APR 20 PM 12:20
STATE OF FLORIDA
TALLAHASSEE

The Articles of Organization for this Limited Liability Company were filed on 10/22/2014 and assigned Florida document number L14000165050.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

ALEXANDER ESTRADA

New Registered Office Address:

1317 NW 107 Ave

Enter Florida street address

Hialeah Gardens

Florida

33018

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.

X [Signature]
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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>PAUL GONZALEZ</u>	<u>16442 SW 97TH ST.</u>	☐ Add
		<u>MIAMI, FL 33196.</u>	☐ Remove
<u>MGR</u>	<u>ALEXANDER ESTRADA.</u>	<u>3996 SW 152 AVE APT 4</u>	☒ Add
		<u>MIAMI, FL 33193</u>	☐ Remove
			☐ Add
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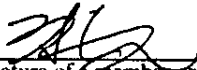
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

THE NEWEST MEMBER OF THE COMPANY, MR. ALEXANDER
ESTRADA WILL BE OWNER AND RESPONSIBLE FOR 50%
OF MATERIAL ASSETS AND PROFITS GENERATED.

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____, _____.



Signature of a member or authorized representative of a member

Alexander Estrada

Typed or printed name of signee