# 45000/8/96

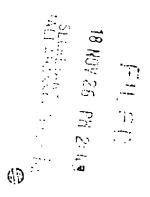
(Re	equestor's Name)					
(A	ddress)					
(A	ddress)					
(C	ity/State/Zip/Phone #)					
PICK-UP	WAIT MAIL					
(B	usiness Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to	o Filing Officer:					

Office Use Only



900321028419

11/26/18--01014--830 \*\*25.00



TSCHROEDER

שנה י שנה

### **COVER LETTER**

TO: Registration Section Division of Corporation	ons		
SUBJECT: Prim	e Time Tir Name of Limit	es LLC ed Liability Company	· <u>·</u>
The enclosed Articles of Amend	ment and fee(s) are subn	nitted for filing.	
Please return all correspondence	concerning this matter to	o the following:	
	Thom	Pas Rodrigues	<u> </u>
	Prime Ti	Firm/Company	) <del>-</del>
· 	3011 U	S Alt 19	
	Palm He	arbor 34682 City/State and Zip Code	)
	Primetim E-mail address: (to	etires on a mail	COM_tion)
For further information concern	ing this matter, please cal	II:	
James Will Name of Person	Son	at ( <u>727</u> ) <u>557-5</u> Area Code Daytime To	5612 elephone Number
Enclosed is a check for the follo	wing amount:		
S25.00 Filing Fee  \$\Box\$\$	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

I rime lime	lire	SUL				
(Name of the Limited Liab (A Flor	<u>illity Company</u> ida Limited Lia	y <u>as it now appears on o</u> ibility Company)	ur records.)			
			1			
The Articles of Organization for this Limited Liability	Company w	vere filed on $00$	30/2013	<u> </u>	and ass	signed
Florida document number <u> </u>	<i>)</i> .	/	(			
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the li	mited liabili	ity company here:				
The new name must be distinguishable and contain the words "L	imited Liability	y Company," the designa	tion "LLC" or the	ıbbrevia	ation "L	.1C."
Enter new principal offices address, if applicable:				1		
• • •	DDFCC		*	<del>- ; ; :</del> -	ಾ	
(Principal office address MUST BE A STREET ADI	<u> 2KESS)</u>				<del>-2</del> -	<u>'()</u>
			<u> </u>	<del>-::-</del>	- <del>10</del>	
				77.		773
Enter new mailing address, if applicable:					<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)				· · ·	<u>.:-</u>	
				: ·		<del></del>
			QV			
B. If amending the registered agent and/or reg			records, enter	the	name	of the new
registered agent and/or the new registered office ac			,			
		James W	1/50			
Name of New Registered Agent:		James W	(150)		·	
New Registered Office Address:		3011 US AL Enter Florida str	+19			
	$O^{\perp}$			7	d/ c	-2
	ralm	Harbor	, Florida _	َ ک	768	<u> </u>
		Ctů		Zi	p 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

Page 1 of 3

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Manager	James Wilson	8660 17th St. N	□Add
J		St. Petersburg, 3370	22_□ Remove
			☐ Change
Manager	Vito Joseph Nixon	1277 Bayshore Blud Amedin, Fl 34698	□ Add
,		Aunedin, Fl 34698	Remove
			Change
			S Remove
			E Premove
		€D	□ Remove
			□ Change
			🖸 Add
			Remove
			Change
			□ Remove
			☐ Change

			·			·	
		· · · · · · · · · · · · · · · · · · ·					
		<del></del>					
					,		
							_
<del></del>						<del></del>	
<u> </u>		<del></del>	<del>_</del>			<del></del>	
				······			
					<u> </u>	<del></del>	
					· · · · · · · · · · · · · · · · · · ·		<u></u>
						Q 73	****
<del></del>					<del> </del>		
							*********
						*:	
	<del></del>					UB.	
ective date, if other than effective date is listed, the da e: If the date inserted in tument's effective date on	his block does n	ot meet the applic	able statutory fili	018 (o more than 90 days a ng requirements,	<b>ptional)</b> ifter filing.) Pu this date wil	rsuant to I not be	605.02 listed a
record specifies a del he 90th day after the	e record is file	ed.			1 a.m. on	the ea	ırlier
ed <u>//-09-</u>		. 2018	·_ ·				
	<u> </u>	las Il					_
		at a maximilian or autho	am macCommercent at it	e of a member			

Page 3 of 3

Filing Fee: \$25.00