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COVER LETTER

то:	Registration Section Division of Corporations
SUBJE	CT: Any Time Investments LLC Name of Limited Liability Company
The encl	losed Articles of Amendment and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	Athur Kaufman Name of Person
	Firm/Company
	8171 Nadmar Ave Address
	Boca Raton, FL 33434
	Boca Raton, FL. 33434 City/State and Zip Code anytime atter a aol. Com E-mailladdress: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
Ad	hur Kaufman at (561) 789-8600 Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$25 .0	O0 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \$\times \text{\$\$ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \$\text{\$\$ \$\$}\$

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

Hay Time In Ver	Iments Anited Liability Com	pany as it now appears on d Liability Company)	our records.)
The Articles of Organization for this Limited Florida document number <u>L1500010</u>	Liability Compan		9/15 and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name Any Time Gutter Inventor The new name must be distinguishable and contain the			
The new name must be distinguishable and contain the Enter new principal offices address, if applia (Principal office address MUST BE A STRE	cable:	Same	ation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> </u>	N/A	AHASSEE, FI
B. If amending the registered agent and registered agent and	-		records, enter the name of the nev
Name of New Registered Agent:	NA		
New Registered Office Address:	N/A	Enter Florida st	reet address
		City	, Florida
		J.,,	wy vvar

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

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 = Ma $AMBR = Au$	anager Ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			☐ Change
			□ Add
			Remove
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amending any other	- mioi mauon, em	Ci Change(s) here:	(Attach additional sh	eers, y necessary	<i>.</i>
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ective date, if other n effective date is listed, to te: If the date inserted cument's effective date	he date must be specific I in this block does no	and cannot be prior to do ot meet the applicable	ate of filing or more than 9 statutory filing require	(optional) 0 days after filing.) I ments, this date w	oursuant to 605.0207 ill not be listed as
record specifies a			n effective time, at	12:01 a.m. or	the earlier of عد
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he 90th day after		,2015		ECREJ	5
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Page 3 of 3

Filing Fee: \$25.00