

LK5000189178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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MAR 07 2017
S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAR -6 PM 4: 14

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TIMEWORKS GROUP 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:

MIREIA CARRILLO PRAT

Name of Person

TIMEWORKS GROUP LLC

Firm/Company

2301 Collins Avenue, Suite 1127

Address

Miami Beach, Florida 33139

City/State and Zip Code

mireiacarrillo@gmail.com

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

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TALLAHASSEE, FLORIDA
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For further information concerning this matter, please call:

Dario C. Procopio

at (786) 286-6999

Name of Person

Area Code

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**

TIMEWORKS GROUP LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/09/2015 and assigned
Florida document number L15000189178.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and contain the words "Limited Liability 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)

2301 Collins Avenue, Suite 1127

Miami Beach, Florida 33139

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2301 Collins Avenue, Suite 1127

Miami Beach, Florida 33139

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:

N/A

New Registered Office Address:

2301 Collins Avenue, Suite 1127

Enter Florida street address

Miami Beach

, Florida 33139

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.

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ROMERO CAMARGO, ANDRES	2301 Collins Avenue, Suite 1127	<input type="checkbox"/> Add
		Miami Beach, Florida 33139	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	CARRILLO PRAT, MIREIA	2301 Collins Avenue, Suite 1127	<input type="checkbox"/> Add
		Miami Beach, Florida 33139	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA
17 MAR - 2 PM 14

D: If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

PLEASE NOTE: The two original AMBRs Mireia Carrillo Prat and Andres Romero Camargo remain as AMBRs.

We are ONLY requesting the change of address from 7441 Wayne Ave, Apt 6 O, Miami Beach, FL 33141

(Original address on your records for both AMBRs) to the NEW one and CURRENT address for both as of

2301 Collins Avenue, Suite 1127, Miami Beach, Florida 33139

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CLERK OF
FALLA
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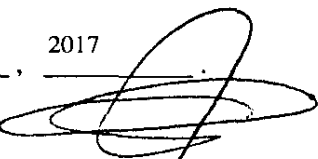
E. Effective date, if other than the date of filing: 02/28/2017 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated February 28th, 2017



Signature of a member or authorized representative of a member

Mireia Carrillo Prat

Typed or printed name of signee