W17000130360

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
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22 MAY 23 AM 10: 07

T. MATTHEWS

JUL 27 2022

COVER LETTER

		ation Sec n of Corp	ction porations				
eun wz			PARTNERS, LLC				
SUBJEC	.l:		Name of Lim	ited Liability Company	-		
The encl	osed Ari	ticles of z	Amendment and fee(s) are sub	mitted for tiling.			
Please re	eturn all	correspoi	ndence concerning this matter	to the following:			
			Brian Waterfield				
				Name of Person	. 		
			TIMSHEL PARTNERS, L	I.C			
				Firm/Company			
			1000 Bryn Mawr Street				
				Address			
			Orlando, Fl. 32084				
				City/State and Zip Code			
			bwaterfield@timsheldevelo	pment.com to be used for future annual report no	differation \		
For furth	ier infori	mation co	oncerning this matter, please of		The state of the s		
Brian W	'aterfield	i		407 461-4651			
		Name of	Person	at () Area Code Daytii	me Telephone Number		
Enclosed	I is a che	eck for th	e following amount:				
■ \$25.	.00 Filin	g 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)		
	Regist	Address ration S on of C		Street Address: Registration S Division of Co	orporations		
P.O. Box 6327			7	The Centre of Tallahassee			

2415 N. Monroe Street. Suite 810

Tallahassee, Fl. 32303

Tallahassee, FL 32314



22 MAY 23 AM 10: 07

TIMSHEL PARTNERS, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L17000130360}{L17000130360}$.	were filed on JUNE 14, 2017 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 Liabil	lity Company," the designation "LEC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1000 Bryn Mawr Street
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FI. 32804
Enter new mailing address, if applicable:	1000 Bryn Mawr Street
Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32804
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
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. Thereby 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>	Name	Address	Type of Action
			□Add
		-	Remove
			□Change
			□Add
			□Remove
			Change
			Remove
			□Change
			□Remove
		 -	□Change
			□Add
			□Remove
			□Change
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			□Remove
			Change

					
					
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ective date, if other than the reffective date is listed, the date mu	t be specific and cannot be	prior to date of filir	ig or more than 90 day	(optional) s after filing.) Pursuant	ю 605.0207
te: If the date inserted in this bi cument's effective date on the D	ock does not meet the a epartment of State's rec	pplicable statutor ords.	y filing requiremen	is, this date will not	be listed as
ecord specifies a delayed effectives filed.	e date, but not an effect	ive time, at 12:01	a.m. on the earlier	of: (b) The 90th da	iy after the
ed May 19	2022	·			
Die Voulge	Signature of a member or				
=	Signature of a member or	authorized represe	ntative of a member		
· ·					

Filing Fee: \$25.00