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SECRETARY OF STATE

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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Anytime It Matters; 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:	
Ronda Wilson	
Name of Person	
Anytime It Matters, LLC	
4465 Willow Chase Terr.	
Address	
Jackson ville FL 32258 City/State and Zip Code	
any time it matters C. amail. Com  E-majl address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Rorda Wilson at (904) 514-0222  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee  \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status	

### 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	
Anutime It M.	atters LLC
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
·	in lail a
The Articles of Organization for this Limited Liability Company were fi	led on
Florida document number <u> </u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation "L.L.C."
•	
Enter new principal offices address, if applicable:	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
(Principal office address MUST BE A STREET ADDRESS)	
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	55 2 元
	2 7 m
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office ac	idress on our records, enter the name of the new
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Cir	Zin 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

It 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	nager thorized Member	
Title MGR	Ronda Wilson	Address 4445 Willow Chase Tv. X Add  Jacksonville, Fl 32258 Remove
MOR	Esther Colon	HH65 Willow Chase Ter XAdd  Jackson Ville, FL 3225 B Remove
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Effec	tive date, if other than the date of filing: (option	nal)	NE 0303 (3
	Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after for the date inserted in this block does not meet the applicable statutory filing requirements, this		
	nent's effective date on the Department of State's records.		
	and a self-time defended effective data. High set a self-time time at 10,01 a	m on the earl	ier of:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.	m. on the can	
	e 90th day after the record is filed.	m. on the ear	
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) Th	90th day after the record is filed.	SECULOR SECULO	
) Th	2 90th day after the record is filed.  Linda Wilson	17 DEC	<u> </u>
) Th	90th day after the record is filed.  12/13/17  Record is filed.  Signature of a member or authorized representative of a member	17 DEC 22	
) Th	90th day after the record is filed.  12/13/17  Record is filed.  Signature of a member or authorized representative of a member	17 DEC 22 SECRETARY OF MALLMINSSEE.	間間
) Th	2 90th day after the record is filed.  Linda Wilson	17 DEC	

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Filing Fee: \$25.00