L18000165201

(Re	questor's Name)		
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(City/State/Zip/Phone #)			
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S. PRATHER

COVER LETTER

TO:	Registration Se Division of Cor			
	SellTime E	LC		
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Thomas Turner		
			Name of Person	
		SellTime LLC		
			Firm/Company	
210 Gregory Road				
			Address	
		West Palm Beach, FL 3340	05	
			City/State and Zip Code	
		thomasnturner@gmail.com		
			to be used for future annual report notifi-	cation)
For fur	ther information c	oncerning this matter, please co	all:	
Thom	as Turner		561 214-5656	
Name of Person		at () Area Code Daytime	Telephone Number	
Enclos	ed is a check for the	ne following amount:		
■ \$2	5.00 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

SELLTIME LLC		3 5 7
(Name of the Limited Liab (A Flor	bility Company as it now appears on o rida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Florida document number L18000165201	y Company were tiled on	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I Enter new principal offices address, if applicable:	limited Liability Company," the designa-	tion "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet address
	City	Florida Zip Code
	City	гар Соле

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Elizabeth Turner	210 Gregory Road, West Palm Beach, FL 33405	■ Add
			□ Pamara
		· · · · · · · · · · · · · · · · · · ·	Add
			Remove
			Change
			□ Add
			□ Remove
			Change
			
			Remove
			☐ Change
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
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E. Effecti	ive date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Po		£ 0307 /3	. .
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ent's effective date on the Department of State's records.	I not be lis	ted as th	ic C
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on 90th day after the record is filed.	the earli	ier of:	
Dated	11/14/20.8			
	Thomas Turner MGR Signature of a member or authorized representative of a member		2018 NOV 29	
	Thomas Turner, MGR	NHASSE	W 25	ナートロン
	Typed or printed name of signee	SE C	9 Ai	1
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Page 3 of 3

Filing Fee: \$25.00