L18000209299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2018 OCT 11 P 5:48
TALLAHASSEE, FLORIDA

OCT 29 2018
T. LEMIEUX

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Time Square Market Place, 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:

Renata G Carpinelli
Name of Person

Time Square Market Place, LLC
Firm/Company

6401 Time Square Ave., Unit CU-18
Address

Orlando, FL 32835
City/State and Zip Code

rgcarpinelli@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call

Donald Gervase at (407) 287-6767
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

Time Square Market Place, 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 _____ and assigned Florida document number _____

This amendment is submitted to amend the following:

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

_____

The new name must be distinguishable and contain the word "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)

6401 Time Square Avenue
Suite C-18
Orlando, FL 32835

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

_____

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: Renata Czarnecki

New Registered Office Address: 6401 Time Square Avenue, Suite C-18
(Enter Florida street address)

Orlando, Florida 32835
(City) (Zip)

2018 OCT 11 P 5:08

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

Title	Name	Address	Type of Action
AMBR	Hetchel Williamson	[illegible]	☐ Add
			☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

E. Effective date, if other than the date of filing: 2002 2019 (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. [illegible])

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be [illegible] 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 October 2, 2019

Signature of a member or authorized representative of a member

Renata Campbell

Typed or printed name of signer

Filing Fee: $25.00

October 2, 2019

To:

Florida Department of State, Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314

To Whom It May Concern

I, Renata G. Carpanelli, accept the appointment as Registered Agent for Time Square Marketplace, LLC.

As the owner, I am familiar with the company and the position of Registered Agent and accept the obligations of this position

Renata G. Carpanelli