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2019 MAR 22 PM 4: 46

APPROVED AND FILED

10,710/12

COVER LETTER

SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Charles C. Jones, II				
		Name of Person		<u></u>	
	Jones, Haber & Rollings				
		Firm/Company			
	1633 SE 47th Terrace				
		Address		- 20 T	
	Cape Coral, Florida 33904			COR.	P37
	jones@joneshaberlaw.com	City/State and Zip Code		2019 MAR 22 PH	ROVED
For further information of	E-mail address: (concerning this matter, please ca	to be used for future annual report noti	fication)	PH 1: 46	
Madison Frana	oncerning and maner, prease of	239 542-0700		0	
	of Person	at ()	e Telephone Numbe	<u></u>	
				•	
Enclosed is a check for t	he following amount:				
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &	
MAIL	ING ADDRESS:	STREET/COURT	FU ANNDFEE.		

Registration Section

Division of Corporations

TO:

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

OILLEN FAMILY TIME, LLC		
(Name of the Limited Liabil) (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number 119000042084	Company were filed on 02/11/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADD	RESS)	
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 add		2019 HAR 22 PH 4: 4 of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
Now Danietorad Agant's Simuture 16 hours Daniet	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

CHECKS EXAMINATED BY LEC

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>	Type of Action
MGR	Joseph J. Gillen, II	2037 SE 28th Lane Cape Coral, Florida 33904	
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Signature of a member or authorized representative of a member	March 15 Dated	2019				
	Dated March 15	. 2019				

Page 3 of 3

Filing Fee: \$25.00