L19000 154 955

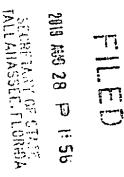
(Re	equestor's Name)	<u> </u>
(Ad	(dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		į

Office Use Only



700332680497

08/12/19--01010--018 **52.50



MARKET I

COVER LETTER

TO:	Registration Sec Division of Corp			
C7:13 f		VORK SERVICES LLC		
SUBJI	EC1:	Name of Limited Liability Company		
The er	nclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter t	to the following:	
		ZOILA MUNOZ		
		BASTELL INSURANCE	Name of Person	
	Firm/Company 5761 SOUTH ORANGE BLOSSOM TRAIL SUITE 6			
		ORLANDO, FLORIDA 32	Address	
		ZEB1857@YAHOO.COM	City/State and Zip Code	
		E-mail address: (1	to be used for future annual report notifi	cation)
For fu	erther information c	oncerning this matter, please ea	all:	
ZOIL	A MUNOZ		407 240-6581	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	ne following amount:		
□ \$2	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:

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 20, 2019

ZOLIA MUNOZ 5761 S ORANGE BLOSSOM TR #6 ORLANDO, FL 32839

SUBJECT: TIME TO WORK SERVICES LLC

Ref. Number: L19000154955

We have received your document for TIME TO WORK SERVICES LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

This is a LLC the document you sent in is for a LP or LLLP.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux

TO: Department of Corporation 128
Attached Please find the Corrected document Ferm.

Thank you

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TIME TO WORK SERVICES 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 06/11/2019 and assigned Florida document number 1.190000154955 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NA The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) NA 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: NA Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

MA
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	RAFAEL MONTERO	1341 30TH STREET, ORLANDO, FL 32805	□ Add
			Remove
			Change
			Add
			Remove
			Change
			□ Add
			□ Remove
			☐ Change
			Add
			□ Remove
		<u> </u>	□ Change
			D Add
			Remove
			Change
			Add
			□ Remove
			Change

	NA
E. Effec	08/06/2019 tive date, if other than the date of filing:
(If an et Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
f the re b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated	8/25/19
	Disnels Aina raile De Hangues Signature of a member or authorized representative of a member
	DIONELY A AMARANTE DE RODRIGUEZ

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00