

LP9000 154955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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08/12/18--01010--018 **52.50

FILED
2018 AUG 28 P 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. LEMMON

SEP 03 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TIME TO WORK SERVICES 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:

ZOILA MUNOZ

Name of Person

BASTELL INSURANCE

Firm/Company

5761 SOUTH ORANGE BLOSSOM TRAIL SUITE 6

Address

ORLANDO, FLORIDA 32839

City/State and Zip Code

ZEB1857@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ZOILA MUNOZ

407 240-6581
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



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
Regulatory Specialist II

Letter Number: 619A00016974

2019 AUG 26 AM 11:02
RECEIVED
8/26/19

TO: Department of Corporation
Attached Please find The corrected
document form.

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 L190000154955.

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" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

NA

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NA

(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:

NA

New Registered Office Address:

Enter Florida street address

Florida

City

Zip 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.

NA

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>	<u>Type of Action</u>
MGR	RAFAEL MONTERO	1341 30TH STREET, ORLANDO, FL 32805	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

NA

08/06/2019

E. Effective date, if other than the date of filing: _____ (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.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 8/28/19

Wendy A. Amaral de Rodriguez
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

DIONELY A AMARANTE DE RODRIGUEZ

Typed or printed name of signee