L19000253670

. <u></u>
(Requestor's Name)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Dusings Estitutions)
(Business Entity Name)
(Document Number)
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US 10/28/20

COVER LETTER

	gistration Sec vision of Corp			
SUBJECT	. <u>Bvar</u>	dknew Perfe	ection LLC ted Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please retur	n all correspor	ndence concerning this matter t	o the following:	
		Brandon	Phillis Name of Person	
			Firm/Company	2021 SEP
		11669 HICKOR	Address	SA TIME
		Jackson ville,	FL 32218 City/State and Zip Code	PM 2: 16
		KnewTime E-mail address: (10	Chystate and Zip Code Chystate and Zip Code O be used for future annual report notific	γ
For further	information co	oncerning this matter, please ca	II;	
Brai	MON F Name of	Person	at (312) 371 - Area Code Daytime	7467 Telephone Number
Enclosed is	a check for the	e 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)
Re	ailing Address	ection	Street Address: Registration Sect	
D:	ivision of Co	orporations	Division of Corpo	OFATIORS

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brandknew Perfe	CTION Inv as it now appears Liability Company)	on our records.)
Articles of Organization for this Limited Liability Company ida document numberL 9000253670.	were filed on 1	0/08/2019 and assigned
amendment is submitted to amend the following:		
f amending name, enter the new name of the limited liab	ility company hei	<u>e</u> :
NEW TIME, LLC		
new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de-	signation "LLC" or the abbreviation "L.L.C."
er new principal offices address, if applicable:		is T
ncipal office address MUST BE A STREET ADDRESS)		35.55
er new mailing address, if applicable: iding address MAY BE A POST OFFICE BOX) f amending the registered agent and/or registered office at and/or the new registered office address here: Name of New Registered Agent:	address on our re	cords, enter the name of the new registe
New Registered Office Address:	Enter Florid	da street address
	City	, Florida Zip Code
Registered Agent's Signature, if changing Registered Agent:	•	·
eby accept the appointment as registered agent and agre isions of all statutes relative to the proper and complete pt the obligations of my position as registered agent as p	performance of n provided for in Cl	ny duties, and I am familiar with and

mpany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

mending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added emoved from our records:

R = Manager

BR = Authorized Member

<u>e</u>	Name	<u>Address</u>	Type of Action
<u>_</u>			□Add
			□ Remove
			□ Change
			□Add
			Remove
			ASSESS PANDERS PROVE
			Change
			□Add
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			□Change
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			☐ Change
			□Add
			Remove
			□Change

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	2020 SEP
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tive date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be prior to date of fit the date inserted in this block does not meet the applicable statement's effective date on the Department of State's records.	(optional) of filing or more than 90 days after filing.) Pursuant to 605.026 tutory filing requirements, this date will not be listed a
rd specifies a delayed effective date, but not an effective time, at Γ fled.	2:01 a.m. on the earlier of: (b) The 90th day after th
09/12/2020	
Signature of a member or authorized rep	presentative of a member