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T2V Group	LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Louie Flores		
		Name of Person	
	T2V Group LLC		
		Firm/Company	
	2512 Nancy St		
		Address	
	Orlando, FL 32806		
	lflores@time2visit.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report no	otification)
For further information c	oncerning this matter, please co	all:	
Louic Flores		407 488-2594	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	
Registration S Division of C		Registration S Division of Co	
P.O. Box 632		The Centre of	•

Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

12V Group LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed of Florida document number $\frac{L20000160864}{L20000160864}$.	n <u>6/16/2020</u> and assigne-
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
The new name must be distinguishable and contain the words "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)	0 F
Cotton and the state of a sufficient	LED
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2: 27
B. If amending the registered agent and/or registered office address on a agent and/or the new registered office address here:	our records, <u>enter the name of the new reg</u>
Name of New Registered Agent:	
New Registered Office Address: Ente	r 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 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Ac
AMBR	Helen Vanessa Ramos	2202 Curry Ford Rd, Orlando FL 32806	≡ Add
			□Remove
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ffective date, if other than the dan effective date is listed, the date must be total. If the date inserted in this blococument's effective date on the Dep	e specific and k does not i	d cannot be pr meet the app	ior to date of t licable statu		than 90 days a		
record specifies a delayed effective is filed.	late, but no	t an effective	time, at 12	:01 a.m. on	he earlier of	(b) The 90t	h day afte
ated October 27	·	. 2020					
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