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| | Account Name | : EXPRESS CORPORATE FILING SERVICE INC. | |
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| | | s for this business entity to be used for fut | > - |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TIMES CIRCLE LLC

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2020 AUG 12

Electronic Filing Menu

Corporate Filing Menu

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V SULKER

TIMES CIRCLE LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Same of the Limite | d Liability Company as it now appears A Florida Limited Liability Company) | on our records.) | • •••• |
|--|--|---|-----------------------------------|
| The Articles of Organization for this Limited Liz Florida document number L20000164032 | | 8/2020 an | d assigned |
| This amendment is submitted to amend the follow | wing: | | |
| A. If amending name, enter the new name of | the limited liability company her | <u>.</u> c. | |
| The new name must be distinguishable and contain the we | ords "Limited Liability Company." the de- | signation "LLC" or the abbreviation | on "L.L _i Ci", |
| Enter new principal offices address, if applica | ble: | 20,70 | |
| (Principal office address MUST BE A STREE) | (ADDRESS) | | 1 |
| | | | |
| | | 2 | : 7 |
| Enter new mailing address, if applicable: | | <u> </u> | |
| (Mailing address MAY BE A POST OFFICE I | <u></u> | | |
| B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent: | | cords, enter the name of th | e new regisseren |
| New Registered Office Address: | 466 E. 19 STREET | | |
| | Enier Flori | da street address | |
| | HIALEAH | Florida <u>33013</u> Zip | C. I. |
| New Registered Agent's Signature, if changing R | · | 215 | Coue |
| I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this is | i agent and agree to act in this cer and complete performance of a tered agent as provided for in Cegistered office at Iress, I hereby thange. | my duties, and I am familic hapter 605, F.S. Or, if this | or with and document is liability |

AMBR = Authorized Member

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

| or remo | ved from our | i ccorus. | | | | |
|---------|--------------|-----------|---|--|--|--|
| MGR = | Manager | | - | | | |

| <u>Title</u> | Name | Address | Type of Action |
|--------------|---|--|-----------------|
| AMBR | LAURIE BRAVO | 466 E. 19 STREET | (X Add |
| | | HIALEAH, FL 33013 | □Remove |
| | | | |
| AMBR | OLDANIA BRAVO | 466 E. 19 STREET | |
| | | HIALEAH, FL 33013 | ∑ Remove |
| | | | ©Change |
| AMBR | SALVADOR BRAVO | 466 E. 19 STREET | CAdd |
| | | HIALEAH, FL 33013 | |
| | | Va | CChange |
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| Note: | ive date, if other than the date of filing: [cotive 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and self-ective date on the Department of State's records. |
| If the record | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after fed. |
| Dated | AUGUST 6 2020 |
| | Signature of a member or authorized representative of a member |