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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:		

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

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Help

K. SALY

To:

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



TIMES CIRCLE LLC (Name of the Limited Liability Company as It now appears on our records,)
(A Florida Limited Liability Company) and assigned Florida document number \_\_\_\_\_L20000164032 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) 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: 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.

If Changing Registered Agent, Signature of New Registered Agent

\_, Florida \_

To.

## 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>	Address	Type of Action
AMBR	OLDANIA BRAVO	466 E. 19 STREET	□Add
		HIALEAH, FL 33013	■Rcmove
			Change
		<del>,.</del> .	□Add
		• ••••	□Remove
			Change T SLC OAE
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			☐Remove
			□Change

2024-05-31 19:05:55 GMT

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From: Yanet Avila

Page: 5 of 5

OLDANIA BRAVO

To:

Signature of a member or authorized representative of a member

Typed or printed name of signee