

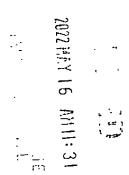
(Requestor's N	lame)
(Address)	
(Address)	
	10
(City/State/Zip/	(Phone #)
PICK-UP WA	AT MAIL
(Business Enti	ty Name)
(Document Nu	mber)
Certified Copies Certi	ficates of Status
Special Instructions to Filing Office	

Office Use Only



600387608276

05/16/22--01042--020 \*#60.00



7/10/2022

## **COVER LETTER**

	Registration Sec Division of Corp			
SUBJEC		TIMES VENTURES LLC		
SUBJEC		Name of Lim	ited Liability Company	
The encl	osed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspon	dence concerning this matter	to the following:	
		SIMMONS, RUSSEL E	•	
		<u></u>	Name of Person	
		PLEASANT TIMES VEN	TURES LLC	
			Firm/Company	
		4604 49 St N. STE #402		
			Address	
		ST. PETERSBURG, FL 3.	3709	
			City/State and Zip Code	
		pleasantimes4410@gmail.		
			to be used for future annual report n	otification)
For furth	er information co	ncerning this matter, please of	all:	
SIMMO	NS. RUSSEL E		727 512-1076	
	Name of	Person	at () Area Code Dayt	ime Telephone Number
Enclosed	l is a check for the	following amount:		
□ \$25.0	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 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 MAY 16 AM 11:31

M	17	۸	$\leq t$	١.	T	Т.	ı١	υſ	ES	٦	4173	VT.	H	R	ES	1	۲,

(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  $\frac{11/09/2020}{1}$ \_\_\_\_\_ and assigned Florida document number 1.20000355069 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 \_\_

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	FAITH UNLHITED TRANSPORT LL	c 4410 IST AVES. ST PERSBURE, FL 33	71   
			Remove
			Change
			Remove
			Change
			□ Add
			□ Remove
			□ Change
			O Add
			□ Remove
			□ Change
	·		□ Add
			Remove
			□ Change
			□ Add
			_□ Remove
			☐ Change

	<del> </del>				
· · · ·					·
				<del></del>	
				<del></del>	
-					
			<u>.                                    </u>		<del></del>
		·····	<del></del>		
e <mark>ctive date, if other th</mark> a effective date is listed, the d	ite must be specific and can	not be prior to date of	filing or more than 90 d		
te: If the date inserted in ument's effective date on			itory filing requireme	ents, this date will not b	ie listed a
record specifies a de		, but not an eff	fective time, at 1	2:01 a.m. on the a	earlier
he 90th day after th					
MAY 12TH	2	022			
0	· _	·			
6.102:1	9 X June	ساس			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00