L21000071178

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COVER LETTER

TO:

Registration Section Division of Corporations

	PITAL GROUP, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	SCARLETT DE LA MOT	A			
	•	Name of Person		-	
	TIME CAPITAL GROUP	, LLC			
		Firm/Company		_	
	\$407 PINEHURTS DRIVE	E, SUITE 114			
		Address		- TAG 29	
	TAMPA FLORIDA 33615	5		2023 SECK ALLA	
		City/State and Zip Code		- }	-
	SCARLETTINVESTMEN	TPROPERTIES@GMAIL.COM		(C) - 4	1 -
	E-mail address: (to be used for future annual report notif	fication)		П
For further information	concerning this matter, please c	all:		F. 3	
SCARLETT DE LA MO	OTA	813 580-4901		OF T	
Name	of Person	at () Area Code Daytime	e Telephone Numbe	er	
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fcc	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fee, cate of Status & cd Copy al copy is enclosed)	
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations allahassee	810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TIME CAPITAL GROUP, LLC

(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 FEBRUARY 10, 2021 and assigned Florida document number L21000071178 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 "L.L.C." 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: N/A 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.

Cuv

If Changing Registered Agent, Signature of New Registered Agent

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
MGR	CARLOS ALEJANDRO PEREZ	1311 WEST SITKA STREET TAMPA FL 33604	= Add
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			□Change
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			□Remove
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	Signature of	a member or authori	zed representative o	t'a member	<u>い。</u> [の- [作。		1
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SCARLETT DE L						-	

Filing Fee: \$25.00