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(((H230001781513)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC Account Number : I20140000084 Phone : (305)527-6617 Fax Number : (786)713-1940

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

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K. Brumbie)

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From: TAXLEAF.COM INC CONTADORAMERICA.COM

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	TIMOTE	A LLC			
(Name of the Limited Liability Company as it now annears on our records.) (A Florida Limited Liability Company)					
The Articles of Organization for this Limited I Florida document number 1.21000327550	were filed on 07/19/2021	and assi	gned		
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name.	of the limited liah	ility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	LLC" or the abbrev	iation "L.L	,.C."
Enter new principal offices address, if appli	icahle:	6365 COLLINS AVENUE APT 3111			
(Principal office address MUST BE A STRE	MIAMI BEACH, FL 3314	1			
Enter new mailing address, if applicable:	6365 COLLINS AVENUE APT 3111 MIAMI BEACH, FL 33141				
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or agent and/or the new registered office addressed Name of New Registered Agent:			iter the name of	the new	registered
New Registered Office Address:	6365 COLLINS AVENUE APT 3111			F.7	••
**************************************		Enter Florida street ac		-2	7-2
	н	, Florida <u>33141</u>	₽:		
New Registered Agent's Signature, if changing	Registered Agent:		·	Tap Code	 :
I hereby accept the appointment as register provisions of all statistics relative to the pro-					

If Changing Registered Agent, Signature of New Registered Agent

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.

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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
MBR	MARIANA L ATOZQUI CONDO	6365 COLLINS AVENUE APT 3111	□Add
		MIAMI BEACH, Ft. 33141	
			≡ Change
MBR	MATIAS DORFMAN	6365 COLLINS AVENUE APT 3111	□ Λdd
		MIAMI BEACH, FL 33141	□Remove
			=Change
			UAdd
			□Remove
			🗀 Add
			□Remove
			FlAdd
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			☐ Change
			□Add
			[]Remove
			□Change

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r cer .		a a la est					
(If an ef Note:	fective date is listed, the If the date inserted	than the date of filir the date must be specific ar in this block does not on the Department of	id cannot be prior meet the applic	to date of filing or able statutory fil	more than 90 days	optional) s after filing.) Pursus s, this date will no	ant to 605.0207 (3)(of be listed as the
If the recor record is fi	•	d effective date, but no	ot an effective ti	me, at 12:01 a.m	n, on the earlier o	of: (h) The 90th	day after the
Dated	MAY 12TH		2023				
			1				
		Signature of a	member or author	orized representati	ve of a member		
			MATIAS	DORFMAN			

Typed or printed name of signee