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2023 MOV 17 PM 5: 46

C/ 12/1/2023

COVER LETTER

Registration Section Division of Corporations

TO:

CELL TIM	ES SERVICES, L.L.C.			
Jobo Lett	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	JANET M. GRAHAM			
		Name of Person		
	CELL TIMES SERVICES	, L.L.C.		
		Firm/Company		
	235 W. BRANDON BLVI	D.#297		
	<u> </u>	Address	<u></u>	
	BRANDON, FL 33511			
	· 	City/State and Zip Code	. ==	
	ACCOUNTS@MYCELLT	IMES.COM		
	E-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
JANET M. GRAHAM		863 999-3601		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	S30.00 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 Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration So Division of Co The Centre of	rporations	
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CELL TIMES SERVICES, LLC

2023 MOV 17 PH 5: 46

(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 11/09/2021 and assigned Florida document number L21000484804 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: 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.

City

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>	<u>Address</u>	Type of Action
MGR	JANET M. GRAHAM	1073 DEMETREE LANE	≅ Add
		LAKELAND, FL 33811	□Remove
			Change
MGR ELAINE ELIAS	ELAINE ELIAS	12680 EASTLAKE DRIVE	
		THORNTON, CO 80241	■ Remove
			
			☐ Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□ Remove
			∐Change
			□Add
			Remove
		 	□Change

, Pi	lease change the FEI/EIN Number to 93-4227571.
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If an effe Note:	we date, if other than the date of filing: December 02 32023 (optional) etive 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 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.
e record rd is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after thed.
Dated _	11-17 2023.
	Signature of a member or authorized representative of a member
	Jonet M. Graham Typed or printed name of signee

Filing Fee: \$25.00