

6/15/22, 11:44 AM

H220002081953 Division of Corporations

## Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220002081953)))



H220002081953ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : KAYALI & CO., P.A.  
Account Number : I20160000100  
Phone : (813)899-9642  
Fax Number : (813)899-9793

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

Email Address: Info@cpask.com

2022 JUN 15 PM 12:55

2022 JUN 15 AM 9:56

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TIME WHOLESALE LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

JUN 15 2022

M. SOLOMON

Electronic Filing Menu

Corporate Filing Menu

Help

H220002081953

## COVER LETTER

TO: Registration Section  
Division of Corporations

H/220002081953

SUBJECT: TIME WHOLESALE LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person  
KAYALI & CO., P.A.  
Firm/Company  
10630 N 56TH ST, STE 205  
Address  
TEMPLE TERRACE, FL 33617  
City/State and Zip Code  
INFO@CPAOSK.COM  
E-mail address: (to be used for future annual report notification)

2022 JUN 15 AM 9:57  
FILED

For further information concerning this matter, please call:

OSAMA KAYALI at 813 899-9642  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 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 Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

H/220002081953

422000208195 5  
**ARTICLES OF AMENDMENT  
 TO  
 ARTICLES OF ORGANIZATION  
 OF**

TIME WHOLESALE 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 02/25/2022 and assigned  
 Florida document number L22000101069.

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**)

10368 VINTAGE DR

PENSACOLA, FL 32514

**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

City

Florida

Zip Code

**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

422000208195 3

422000208 1455

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>	<u>Type of Action</u>
MGR	KASSEM AL KHAYAT	955 MASSACHUSETTS AVE, UNIT 6	<input type="checkbox"/> Add
		PENSACOLA, FL 32505	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NOOR YOUSEF	955 MASSACHUSETTS AVE, UNIT 6	<input checked="" type="checkbox"/> Add
		PENSACOLA, FL 32505	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2022 JUN 15 AM 9:57

11.E.L.

422000208 1953

[illegible]

4220002081953

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

2022 JUN 15 AM 9:57

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JUNE 9TH, 2022

HAMAD ABDELHAMID

Signature of a member or authorized representative of a member

HAMAD ABDELHAMID

Typed or printed name of signee

4220002081953

**Filing Fee: \$25.00**