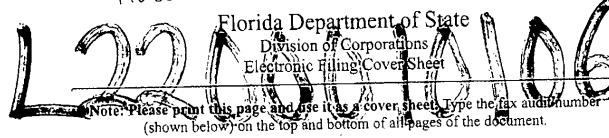
2200020811) 5 Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

55

Ph 12:

2022 3011 15

Account Name : KAYALI & CO., P.A.

Account Number : I20160000100 : (813)899-9642 Phone

: (813)899-9793 Fax Number

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 & Gaosk, Com

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

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M. SOLOMON

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H220002081953

TO:	Registration Section
	Division of Corporations

COVER LETTER H 22000208 1953

Division of Corpo	orations , ()				
	LESALE LLC				
SUBJECT:	Name of Limited	Liability Company			
	mendment and fee(s) are submi	tted for filing.			
Please return all correspon	dence concerning this matter to	Ine tottowarg.			
		Name of Person			
	KAYALI & CO., P.A.				
		Firm/Company			
	10630 N 56TH ST, STE 20:	5	_	-	27.87
		Address) U
	TEMPLE TERRACE, FL 3	3617			C. I MOL 2287
		City/State and Zip Code		ŖΞ	
	INFO@CPAOSK.COM	The first part is a second part in	eation)	بي. خ د	X: \
		be used for future annual report notific	2000)		(
For further information of	concerning this matter, please ca	J1:			
OSAMA KAYALI		813 899-9642 at ()			
Name (of Person	Area Code Daytime	Telephone Number		
— 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ika fallaudna emount				
Enclosed is a check for t	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ S60.00 Filing Fe	e,	
≘ \$25.00 Filing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of St Certified Copy (additional copy is		
Mailing Addre		Street Address: Registration Sec	ction		
Registration Section Division of Corpora		porations			
P.O. Box 63		The Centre of T	allahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

H220002081953

22000208195 ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION

TIME WHOLESALE LLC			
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L22000101069		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		202	
(Principal office address in OS CBE A D. LOSE			
an an teachdar	10368 VINTAGE DR	25 Z	
Enter new mailing address, If applicable: (Mailing address MAY BE A POST OFFICE BOX)	PENSACOLA, FL 32514	<u> </u>	
Industry address Privil 2001.			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the	~	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Florida		
	City	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

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15-Jun-2022 09:01

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18138999793 1122000208 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>	Type of Action
MGR	KASSEM AL KHAYAT	955 MASSACHUSETTS AVE, UNIT 6	□Add
		PENSACOLA, FL 32505	■Remove
			Change
MGR	NOOR YOUSEP	955 MASSACHUSETTS AVE, UNIT 6	≅ Add
		PENSACOLA, FL 32505	□Remove
			□Change
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Signature of a member or authorized representative of a member HAMAD ABDELHAMID

Typed or printed name of signee

Filing Fee: \$25.00