L22000147529

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DIVISION OF CORPORATIONS

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T. MATTHEWS

JUN 16 2022

COVER LETTER

Registration Section

Division of Corporations

TO:

T.E.A Time Therapuetic Services LLC SUBJECT: _ 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: Shantara Bussey-Martin Name of Person T.E.A Time Therapuetic Services LLC Firm/Company 5710 NE Miami CT Address Miami Florida 33137 City/State and Zip Code sbusseymartin@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Shantara Bussey-Martin 217-5462 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$25.00 Filing Fee □ \$30.00 Filing Fcc & **\$55.00** Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: **Registration Section** Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION DIVISION OF CORPORATIONS

22 APR 25 AM 10: 03

T.E.A Time Therapuctic Services 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 Florida document number L22000142529	were filed on March 23,2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility 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 agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u> </u>	
I hereby accept the appointment as registered agent and age	ree to act in this canacity. I furth	er agree to comply with the

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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being adde or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Shantara Bussey-Martin	5710 NE Miami CT	■Add
		Miami, Florida 33137	□Remove
			□Add
			□ Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			Remove
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	488.88		□Add
			□Remove
			□ Change

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	200 C 2000	
		
-		
	March 22, 2022	
effective d te: If the	e, if other than the date of filing:	0207 d as
cord speci s filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
ed April 2	2022	
	Signature of a member or authorized representative of a member	
SI	antara Bussey-Martin	
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