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((H24000206107 3)))



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To:

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

From:

Account Name : INC AUTHORITY, LLC  
Account Number : I202400000004  
Phone : (775)329-7721  
Fax Number : (775)376-9207

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

Email Address: Opennow247tampabay@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
JOY TIME, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

T. LEMIEUX

JUN 13 2024

RECEIVED  
2024 JUN 12 PM 1:06  
DIVISION OF CORPORATIONS  
TALLAHASSEE

FILED  
2024 JUN 12 AM 11:10  
DIVISION OF STATE  
CORPORATIONS

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

JOY TIME, 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 04/27/22 and assigned  
Florida document number L22000201455

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:

625 Twiggs St Ste #1084

**(Principal office address MUST BE A STREET ADDRESS)**

Tampa, FL 33602

Enter new mailing address, if applicable:

625 Twiggs St Ste #1084

**(Mailing address MAY BE A POST OFFICE BOX)**

Tampa, FL 33602

**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*

Florida

*City*

FILED  
2024 JUN 12 AM 11:10  
CLERK OF STATE  
TAMPA, FLORIDA

**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**

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jarod Walters	625 Twiggs St Ste #1084	<input type="checkbox"/> Add
		Tampa, FL 33602	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

(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)(h)

(b) The 90th day after the record is filed.

Signature of a member or authorized representative

Typed or printed name of signer