## L22000343789

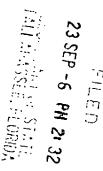
(Requestor's Name)	
(Address)	
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT N	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	•
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SEP 2 1	2022
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Office Use Only



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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	ime a Buil	a LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	La	ila Spencer	
		Name of Person	
	Link	Firm/Company	·
	815 8th +	tve west #4	
	Palm	nctto FL, 34221 City/State and Zip Code	<u></u>
		build @gmail (om to be used for future annual report notification)	<del></del>
For further information	concerning this matter, please ca		
JOSCPH	of Person	at (941) 779-743 Area Code Daytime Telephone N	Sumber
Enclosed is a check for	the following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, entificate of Status & entified Copy Iditional copy is enclose
Mailing Addr		Street Address:	
Registration	Corporations	Registration Section Division of Corporations	
P.O. Box 63		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Time 2 Build	d UC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000343789</u> .	were filed on AUGUST 3°C 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Time 2 Boild 1	CC
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	515 811 AVC WEST #4
(Principal office address MUST BE A STREET ADDRESS)	jalmetto FL 34221
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.D. box 872 Palmetto FL, 34220
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	171. 11

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 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>	Address	Type of Action
Mor	Laila Spencer	815 8th Ave West	□Add
		#4 Palmetto FL	_ Remove
		34221	□Change
Mar	Jusiah Hyman	SIS 8th AVE WEST	_ 🖾 Add
	O	515 8th Ave West 44 Dalmette FL	□Remove
		34221	
			□Add
			□Remove
		<u> </u>	□Change
			□Add
			□Remove
			□Change
			□Add
		<del>.</del>	□Remove
			[]Change
			□Add
		-	□Remove
			Change

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ec a	tive date, if other than the date of filing: (optional)
an ef lote:	tive date, if other than the date of filing:
reco l is fi	rd 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 iled.
ated	August 29, 2023. Feeren Sam
	Jellen Som
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00