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(Re	equestor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
J.	HORNE	İ
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Office Use Only



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COVER LETTER

Division of Corporation	ons	
SUBJECT: Timeless	S Inuesting LLC Name of Limited Liability Company	
	Name of Emilieu Exponity Company	
The enclosed Articles of Amendr	ment and fee(s) are submitted for filing.	
Please return all correspondence	concerning this matter to the following:	
	Caleb Charbonneau Name of Person	
	Firm/Company	
	13544 Eutrassy Park (+ Address	
1	Dade City FL 33525 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information concerning	ing this matter, please call:	
Caleb Charboun Name of Person	at (813) 301 - 0350 Area Code Daytime Telephone Number	
Enclosed is a check for the follow	wing amount:	
	30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address:	Street Address: Pagistration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2024 DEC -6 PH 1: 05

•				'' 1:05
(Name of the Limited Li (A F)	ability Compa orida Limited I	ny as it now appears on our re- liability Company)	cords.)	
The Articles of Organization for this Limited Liabili	ity Company	were filed on 11107	122	_ and assigned
Florida document number <u>L27 0004779 u</u>		1	•	
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liab	ility company here:		
The new name must be distinguishable and contain the words	2e CHOL Limited Liabi	lity Company," the designation "	LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	:	13544 Emb	1554 Por	K Court
(Principal office address MUST BE A STREET AL	DDRESS)	Dade City, FL		
Enter new mailing address, if applicable:		13544 Emba Dade City, FL	ssy Park	Court
(Mailing address MAY BE A POST OFFICE BOX	2	Dade City, FL	33525	<u></u>
B. If amending the registered agent and/or regist agent and/or the new registered office address he		address on our records, <u>en</u>	ter the name	of the new registered
Name of New Registered Agent:	Caleb	Charbonneau	<u> </u>	
New Registered Office Address:	3544	Embassy Park Enter Florida street ac	C+ Idress	
-	Dade (Chy	, Florida	3575 Zip Code
New Registered Agent's Signature, if changing Regis				
I hereby accept the appointment as registered as	ent and agr	ee to act in this capacity.	I further agre	e 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 Changing Registered Agent, Signature of New Registered Agent

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

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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Effect	ive date, if other than the date of filing: (optional)
Note:	we date, if other than the date of filing:
he recor	d 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 ed.
Dated	November 33. 2024.
	Signature of a member or authorized representative of a member