

L23000016653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

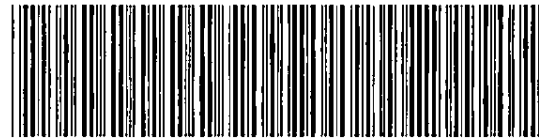
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Certificates of Status \_\_\_\_\_

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JAN 19 2023

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FIL FID  
2023 JAN 18 AM 11:12  
SECRETARY OF STATE  
TALLAHASSEE, FL

12 PM 3:30

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

**PLEASE USE FUNDS FROM ACCT: I20210000160 AMOUNT: \$ 25.00**

AUTHORIZATION: Int'l  
TIME TRAVEL INCENTIVES MEETINGS & EVENTS LLC L23000016653

Business Name

**Document Number, (if known):**

☐ Walk in

☐ Pick up time

☐ Mail out

☐ Will wait ☐ Photocopy

☐ **Certified Copy of Articles of Incorporation**

☐ **Certificate of Status**

**NEW FILINGS**

☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

☐ **CORP**

☐ **PLLC**

**AMMENDMENTS**

☒ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Dissolution

☐ Merger

☐ Conversion

☐ Amended and restated Articles

☐ **Statement of Authority**

**OTHER FILINGS**

☐ Annual Report

☐ Fictitious Name

☐ APOSTIL()                       
**Country**

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

☐ Other

**EXAMINER'S INITIALS:**

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
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☐ Other

**EXAMINER'S INITIALS: \_\_\_\_\_**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TIME TRAVEL INCENTIVES MEETINGS & EVENTS LLC

\_\_\_\_\_  
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:

MARTIN E DELLOCA

\_\_\_\_\_  
Name of Person

MDELL CONSULTING CORP

\_\_\_\_\_  
Firm/Company

848 BRICKELL AVE STE 1130

\_\_\_\_\_  
Address

MIAMI, FL 33131

\_\_\_\_\_  
City/State and Zip Code

MDELLOCA@MDELLCONSULTING.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARTIN E DELLOCA

305 6073493  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee

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

**FILED**  
2023 JAN 18 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\_\_\_\_\_  
(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 \_\_\_\_\_ and assigned  
Florida document number L23000016653.

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:**

**(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 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*

\_\_\_\_\_  
*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**

\_\_\_\_\_

**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>	<u>Type of Action</u>
MGR	Mia Biz Group LLC	848 BRICKELL AVE STE 1130	<input checked="" type="checkbox"/> Add
		MIAMI, FL, 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CINETICA SOLUTIONS LLC	848 BRICKELL AVE STE 1130	<input type="checkbox"/> Add
		MIAMI, FL, 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)(b)

If the record 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 record is filed.

medida

Typed or printed name of signee