L23000403715

(80	equestor's Name)	
(Ad	ddress)	
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(Ві	usiness Entity Name)	1
(Do	ocument Number)	··
Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

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TO: Registration Se Division of Cor					
SUBJECT: MeTim	e TherapyCloud	LLC			
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	Glen Clarke				
		Name of Person eTime TherapyCloud LLC			
	MeTime Thera	pyCloud LLC	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
		Firm/Company			
	226 Tavestock	Loop			
		Address			
	Winter Springs	, FI 32708			
	A T' T'	City/State and Zip Code	 		
	MeTime_Thera	py@pm.me to be used for future annual report noti	C		
For further information ec	oncerning this matter, please c	•	ncauon)		
Nadine Clarke	-		ΕΛ		
		407 718-13			
Name of	Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for th	e following amount:				
S25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy		
Mailing Address		Street Address:			
Registration S Division of Co		Registration Sec Division of Cor			
P.O. Box 632	7	The Centre of T			
Tallahassee, F	L 32314	2415 N. Monroe	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>L23000403715</u>	mpany were filed on August 28, 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
MeTime TherapyCloud LLC	
The new name must be distinguishable and contain the words "Limited	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>
	UI UI
Enter new mailing address, if applicable:	N/A B
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the name of the new registere
Name of New Registered Agent: N/A	
New Registered Office Address: N/A	
	Enter Florida street address
	Florida

New Registered Agent's Signature, if changing Registered Agent:

MeTime4U LLC

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
	N/A		□Add
			□Remove
			☐ Change
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			□Remove
			Change
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			□Change
			
			□Remove
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<u>lote:</u> If th	e date is listed, the d e date inserted in s effective date on	this block does	not mee	t the applica	o date of filir ble statutor	ig or more than y filing requi	90 days after f ements, this	ling.) Pursuant to late will not be	605.0201 listed as
record spe l is filed.	ecifies a delayed e	effective date, b	ut not an	effective tir	ne, at 12:01	a.m. on the c	arlier of: (b)	The 90th day	after the
ated No	ovember 1	5	<u>-</u>	2023	·				
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Filing Fee: \$25.00