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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email Address:___

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T. LEMIEUX NOV 15 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 11 OF

Time Mastermind Consulting, LLC	
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L23000505643	were filed on 11/07/23 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	llity company here:
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:	7901 4th St N #15633
(Principal office address MUST BE A STREET ADDRESS)	St. Petersburg, FL 33702
Enter new mailing address, if applicable:	7901 4th St N #15633
(Mailing address MAY BE A POST OFFICE BOX)	St. Petersburg, FL 33702
	- 2
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the:new registered
Name of New Registered Agent:	28
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 agre- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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>	Address	Type of Action
AMBR	YANCEY, LESLIE	7901 4TH ST N STE 300	DAdd
		ST. PETERSBURG, FL 33702	
			Change
AMBR	YANCEY, LESLIE	7901 4th St N #15633	☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change
		ST. PETERSBURG, FL 33702	□Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
			Change
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Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the Do	ock does not meet the ap	oplicable statutory	or more than 90 days aft filing requirements, th	ional) er filing.) Pursuant to 605.0 ris date will not be liste	.0207 ed as
e record specifies a delayed effective d is filed.	e date, but not an effecti	ve time, at 12:01 a	.m. on the earlier of: (b) The 90th day after	the
Dated November 14	2023				
	10 3	_			
	Machine a	in a factor as	,		
	Signature of a member or	authorized representa	tive of a member		