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(shown below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (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:			
r.				

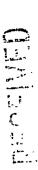
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TIME MASTERMIND CONSULTING, LLC

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Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ₹ OF

TIME MASTERMIN	ND CONSULTING, LLC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 11/07/2023 and assigned
Florida document number <u>L23000505643</u> .	
This amendment is submitted to amend the following:	
to the second se	West and the second sec
A. If amending name, enter the new name of the limited liab	uity company nere:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company "the decimation "H C" or the abbrariation "L L C"
•	
Enter new principal offices address, if applicable:	7901 4th St N
(Principal office address MUST BE A STREET ADDRESS)	#15633
	St. Petersburg, FL 33702
Enter new mailing address, if applicable:	7901 4th St N
•••	#15600
(Mailing address MAY BE A POST OFFICE BOX)	
	St. Petersburg, FL 33702
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
	, 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.

Page: 3/4

From: Registered Agents Inc.

Fax: 8134365206

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>	Type of Action
AMBR	Yancey, Leslie	7901 4th St N	□ Add
		STE 300	
		St. Petersburg, FL 33702	Change
<u>AMBR</u>	Yancey, Leslie	7901 4th St N	X∕Add
		#15633	Remove
		St. Petersburg, FL 33702	
			🗖 Add
			□Remove
			☐ Change
	**	******	□Add
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Fective date, if other than the an effective date is listed, the date imported in this becoment's effective date on the I	lack does not me	et the applicat	odate of filing o ble statutory fi	t more than 90 d ling requireme	_ (optional) ays after filing.) ants, this date v	Pursuant to 605.0, vill not be listed
record specifies a delayed effecti is filed.	ve date, but not a	n effective im	ic, at 12:01 a.i	m, on the earlie	er of: (b) — The	90th day after il
ned February 7	·	2024	·			
	Signature of a ma	9.J.	1	,		
	Signature of a ma	ember or author	ized representat	ive of a member	•	
		سم	_			
		Robi	n Jones			