

L120000018951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

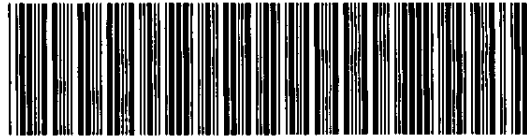
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/31/15--01022--025 **55.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 MAR 31 PM 3: 12

Amend/Name chg
@ 4.20.15

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WHEELS ON TIME 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:

DONNA ROBBINS
Name of Person
BUSINESS SERVICE SYSTEMS PA
Firm/Company
6600 4TH STREET NORTH, STE. 101
Address
ST PETERSBURG, FL 33702
City/State and Zip Code
jimwebercpa@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DONNA ROBBINS at (**727**) **520-8652**
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
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

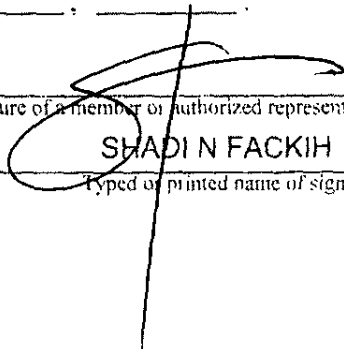
MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	HOWARD TIRADO	4749 34TH STREET S	<input type="checkbox"/> Add
		ST PETERSBURG, FL 33711	<input checked="" type="checkbox"/> Remove
MGR	AMER N FACKIH	12643 NORTH 56TH STREET	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33617	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 3/27/2015 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 03.27.2015



Signature of a member or authorized representative of a member
SHADI N FACKIH

Typed or printed name of signee