## L120000 | 5951

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SECRETARY OF STATES OF CORPORATIONS

Amend/Namuchs (10 4,20.15

## **COVER LETTER**

то:	Registration Se Division of Cor			
oren u	CCT.	WHEELS	ON TIME LLC	
SUBJE	ECT:	Name of Limit	ed Liability Company	
The en	closed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please	return all correspo	ndence concerning this matter to	o the following:	
		DC	NNA ROBBINS	
			Name of Person	
		BUSINES	SS SERVICE SYSTEMS F	PA
			Firm/Company	;
		6600 4TH S	TREET NORTH, STE. 10	1 .
		<del></del>	Address	
		ST PETERS	BURG, FL 33702	
•			City/State and Zip Code	The second secon
			webercpa@aol.com	
		E-mail address: (to	be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please cal	l:	
DO	NNA ROBBIN	IS	727 520-8652 at ()	•
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for the	ne following amount:		
□ <b>\$</b> 2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ON TIME LLC  Company as it now appears on our records.)  united Liability Company)
The Articles of Organization for this Limited Liability Conficulty Florida document number <u>L12000018951</u> This amendment is submitted to amend the following:	ON TIME LLC  Company as it now appears on our records.) imited Liability Company)  Inpany were filed onFEBRUARY 8, 2012 and assisted
A. If amending name, enter the new name of the limite	d liability company here:
ANF SERVICES LLC	
The new name must be distinguishable and end with the words "Limit	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	12643 NORTH 56TH STREET
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u> TAMPA, FL 33617
	l .
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	P O BOX 47813 ST PETERSBURG, FL 33743
B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent:  SHAD	NORTH 56TH STREET  Enter Florida street address  A , Florida 33617
New Registered Agent's Signature, if changing Registered A	City Zip Code  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

Page 1 of 3

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	HOWARD TIRADO	4749 34TH STREET S	
	F.	ST PETERSBURG, FL 33711	■ Remove
MGR	AMER N FACKIH	12643 NORTH 56TH STREET	₩ Add
		TAMPA, FL 33617	☐ Remove
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If amending any other	information, enter change(s) here: (Attach additional sheets, if necessary.)
The state of the s	
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Effective date if other	than the date of filing: 3/27/2015 (ontignal)
The effective date must be sp	than the date of filing:  align="1" style="block"   3/27/2015   (optional)    ceific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after be by the Florida Department of State)
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The effective date must be sp	ceific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after and by the Florida Department of State)  Signature of a member or furtherized representative of a member

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Filing Fee: \$25.00