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COVER LETTER

•	ision of Corp		;		
SUBJECT:		ransportation Services LLC			·
		Name of Limi	ted Liability Company		
	•				
The enclose	d Articles of	Amendment and fee(s) are sub-	mitted for filing.		•
Please return	all correspo	ndence concerning this matter	to the following:		
		CORTIA WONG			
			Name of Person		
			•		•
			Firm/Company		•
		10241 SW 24TH TERR		•	
			Address		_
		MIAMI,FL,33190		,	
		TIMELYTRANSPORTATION	City/State and Zip Code ON@ICLOUD.COM		· ; .
		E-mail address: (to be used for future annual report not	tication)	
For further i	information c	oncerning this matter, please co	all:		
CORTIA W	ONG		786 805-8625 at ()	<u> </u>	·
	Name o	f Person	Area Code Daytin	e Telephone Numbe	r
Enclosed is	a check for t)	ne following amount:			·
12 \$25.00 }	Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on rations enter Circle	

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

RUSHTIME TRANSPORTATION	N SERVICES LLC		
(Name of the Lim	ited Liability Company as it now (A Florida Limited Liability Cor	appears on our records.)	<u> </u>
The Articles of Organization for this Limited I Florida document number	Liability Company were filed	MARCH 02, 2017	and assigned
This amendment is submitted to amend the following	llowing:		
A. If amending name, enter the new name	of the limited liability comp	nany here:	
TIMELY TRANSPORTATION LLC (H NO	of available	Timelyteans	Portation Sen
The new name must be distinguishable and contain the	words "Limited Liability Company	y," the designation "LLC" or the	abbreviation "L.C."
Enter new principal offices address, if appli	icable:		FS B TI
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			12: 51
(Mailing address MAY BE A POST OFFICE	E BOX)		
	· .	······	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and registered agent and/or the new registered	•	ress on our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:	ANNABELL JULES		
New Registered Office Address:	8950 SW 74TH CT		
	E	nter Florida street address	
	MIAMI	, Florida	33190
	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.

If Changing Registered Agent, Signiture of New Registered Agent

Page 1 of 3

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 = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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			□ Remove
			Change
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ective date, if other than the date of filing:	(optional) to date of filing or more than 90 days after filing.) Pursuant to 605.
te: If the date inserted in this block does not meet the applic ument's effective date on the Department of State's records.	able statutory filing requirements, this date will not be liste
union s effective date on the Department of State's records.	
	han affective the said 2.04 and an about
record specifies a delayed effective date, but no he 90th day after the record is filed.	it an enective time, at 12:01 a.m. on the earlie
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Signature of a member of avin	prized representative of a member

Page 3 of 3

Filing Fee: \$25.00