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Certified Copies	Certificate	s of Status
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A. LUNT

AUG 10 2009

EXAMINER

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FECRETARY OF STATE

COVER LETTER

TO:	Registration So Division of Co			"****		
SUBJI	ECT:	Ontime \	Norld Wide LLC			
Z		Name of Lim	ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are su	omitted for filing.			
Please	return all correspo	ondence concerning this matte	to the following:			
			Jose Melendez		_	
			Name of Person			
		0	ntime World Wide LLC	~,	, •	
			Firm/Company		-	
		!	9330 N.W.33rd.Court			
			Address	<u></u>	-	
			Miami,Fl.33147		Z ~	
			City/State and Zip Code		2009 AUG -7 SECRETARY ALLAHASSEE	ı
		F-mail address:	to be used for future annual report notifi	cation)	HANGE OF THE PARTY	7
For fur	ther information of	concerning this matter, please	·		-7 PI NRY OF SSEE, I	H
	Jos	se Melendez	at (786)	314-3703	PH 3: 12 OF STATE E. FLORIDA	O
		of Person	Area Code & Daytimo		京 7	
Enclos	ed is a check for t	he following amount:				
▼ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)) Certifie	ate of Status &	osed)
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Ce Tallahassee, FL 32:	n ations nter Circle		

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

(<u>Name of the Limited I</u> (A	ntime World Wide LLC Liability Company as it now appear Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Lia	bility Company were filed on	02/05/2009	and assigned
Florida document numberL090000126	047		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company her	<u>e</u> : ————————————————————————————————————	s 21
The new name must be distinguishable and end with 'L.L.C."	the words "Limited Liability Compa	ny," the designation T	
Enter new principal offices address, if applica	ble:	388	
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:		LORIDA	
Mailing address MAY BE A POST OFFICE B		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/o registered agent and/or the new registered off	r registered office address on o	our records, <u>enter t</u> l	ne name of the new
Name of New Registered Agent:	Jose Melendez		
New Registered Office Address:	9330 N.W.33rd.Court	ter Florida street addi	
		ier rioriaa sireel aaar	
	<u>miami</u>	, Florida	33147 Zip Code
New Registered Agent's Signature, if changing R	City egistered Agent:		2 <i>ір</i> Сойе

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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby Anfirm that the limited Hability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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

MGR = Manager

	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
			A U: A Add
			SSET Add
			ORITATION A Add Remove
			AddRemove
D. If amer —	ding any other information,	enter change(s) here: (Attach additional shee	ts, if necessary.)
D. If amer 	ding any other information,	enter change(s) here: (Attach additional shee	ets, if necessary.)
D. If amer 	ding any other information,	enter change(s) here: (Attach additional shee	ets, if necessary.)
D. If amer	iding any other information,	,	ets, if necessary.)

Page 2 of 2

Filing Fee: \$25.00