

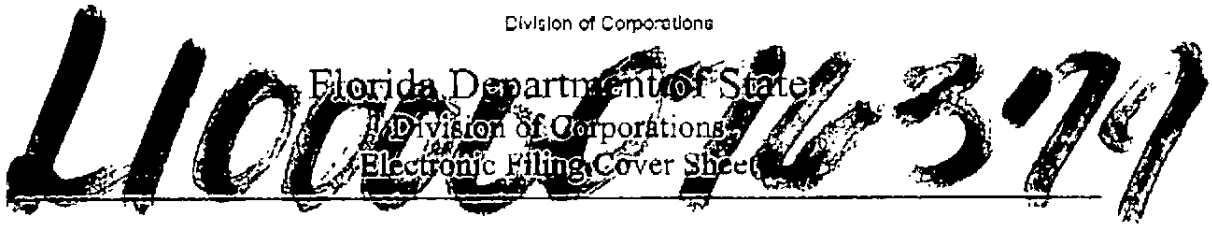
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P.001/005

6/30/2017

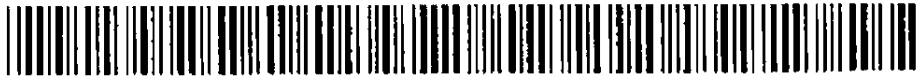
Division of Corporations



Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GULATI LAW
Account Number : 120130000014
Phone : (407)900-5054
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
A TIMELY DELIVERY, LLC

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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06/30/2017 14:50

(FAX)

P.002/005

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A TIMELY DELIVERY, 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:

Sarah Gulati, Esq.

Name of Person

Gulati Law, P.L.

Firm/Company

479 Montgomery Place

Address

Altamonte Springs, Florida 32714

City/State and Zip Code

office@gulatilaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Gulati, Esq.

407

900-5054

Name of Person

at ()

Area Code

Daytime Telephone Number

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

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TALLAHASSEE, FLORIDA

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

A TIMELY DELIVERY, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/20/2010 and assigned Florida document number L10000076379.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

479 MONTGOMERY PLACE

ALTAMONTE SPRINGS, FLORIDA 32714

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

479 MONTGOMERY PLACE

ALTAMONTE SPRINGS, FLORIDA 32714

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:

GULATI LAW, P.L.

New Registered Office Address:

479 MONTGOMERY PLACE

Enter Florida street address

ALTAMONTE SPRINGS

Florida

City

32714

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, Signature of New Registered Agent

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>	<u>Type of Action</u>
MGRM	WILLIAM TJR. KASTER	1150 West Lake Brantley Road	<input type="checkbox"/> Add
		Altamonte Springs, Florida 32714	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
V-P	RAYGINNA FRANCINE KASTER	1150 West Lake Brantley Road	<input type="checkbox"/> Add
		Altamonte Springs, Florida 32714	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MRG	JAY HAMEL	10 HIGHPOINTE DRIVE	<input checked="" type="checkbox"/> Add
		TROY, NEW YORK 12182	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

2871 JUN 30 P 1:14
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E. Effective date, if other than the date of filing: JUNE 30, 2017 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated June 30, 2017

William T. [Signature]
Signature of a member or authorized representative of a member

WILLIAM TJR. KASTER

Typed or printed name of signee