113000018332

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL .
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

	degistration Sec Division of Corp			
SUBJECT	Timing Tran	sportation, LLC		
SOBJECT	***************************************	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
i lease rete	in an covespon	Linda Henus	to the following.	
			Name of Person	
		Timing Transportation, LL	С	
			Firm/Company	
		2351 West Atlantic Blvd.	‡ 667414	The state of the s
			Address	cation) 2: 26
		Pompano Beach, FL 33066	5	# S
			City/State and Zip Code	PR 30 PH 2
		lilenus@timingtransportation E-mail address: (to be used for future annual report notifi	cation) ?
For further	r information co	ncerning this matter, please ca	all:	26
Linda Ilen			954 496-6788 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed i	is a check for the	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Timing Transportation, LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 02/05/2013	and assigned
Florida document number L13000018332	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
Timing Transportation & Repairs, LLC		
The new name must be distinguishable and contain the words "Li	mited 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 ADD	PRESS)	
		3
		第
Enter new mailing address, if applicable:		つ い こ こ
(Mailing address MAY BE A POST OFFICE BOX)		
Muning unaress MAT BE A FOST OFFICE BOX)		
B. If amending the registered agent and/or regi	istanad affice address on our records anti-	or the name of the name
registered agent and/or the new registered office ad		er the hame of the nev
Name of New Registered Agent:		
New Registered Office Address:		
Negistered Office Federals.	Enter Florida street address	**- ***
	. Florida	
	, Florida, Florida	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 = M $AMBR = M$	fanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
ŧ			☐ Change
			□ Add
			□ Remove
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00