# L15000151269

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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19 OCT 17 FH 2: 43

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OCT 18 2019 M. SOLOMON

### Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 10/17/2019		**WALK IN**
ENTITY NAME ON TIME	FUNDS, LLC	WALK III
DOCUMENT NUMBER	· · · · · · · · · · · · · · · · · · ·	
	**PLEASE FILE THE ATTACHED AND RETURN**	
<u>xxxx</u>	Plain Copy Certified Copy Certificate of Status	
**PL	EASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	
	Certified Copy of Arts & Amendments Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINATION NUMBER OF CERTIFICATION		
TOTAL OWED 25.00	снеск # <u>6734</u>	_
Please call Tina at the	c above number for any issues or concerns. Thank you so	much!

#### **COVER LETTER**

Division of Cor			
On Time F	unds, LLC		
	Name of Limited Liability Co	mpany	
The enclosed Articles of	Amendment and fee(s) are submitted for filin	g.	
Please return all correspo	ondence concerning this matter to the following	g:	
	Christopher Walker		
	Name of	Person	
	On Time Funds, LLC		
	Firm/Co	mpany	
	1328 Hwy A1A		
	Addr	255	
	Satellite Beach, FL 32937		
	City/State an chris32937@gmail.com	l Zip Code	***
	E-mail address: (to be used for fu	ture annual report notificatio	n)
For further information	concerning this matter, please call:		
Christopher Walker	32 at (	1 622-8719	
Name	of Person Are	Duytime Tele	phone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	Certificate of Status Certific	Filing Fee & sd Copy al 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 Funds, LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our reco imited Liability Company)	erds.)
The Articles of Organization for this Limited Liability Co	mpany were filed on9/04/2015	and assigned
Florida document number	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20
(Principal office address MUST BE A STREET ADDRI	<u></u>	
	·	<u> </u>
		_1
Enter new mailing address, if applicable:		** 33* 
(Mailing address MAY BE A POST OFFICE BOX)		* \$\frac{1}{2}\$
B. If amending the registered agent and/or registered agent and/or the new registered office address.		rds, <u>enter the name of the n</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	tress
		Florida
	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, 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>	Name	Address	Type of Action
MGR	Frank M Bianco	1328 Hwy A1A Satellite Beach, FL 32937	Add
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10/17/2019	(antion al)
specific and cannot be prior to date of fil-	(optional) ling or more than 90 days after filing.) Pursuant to 605.02
	bry filing requirements, this date will not be listed
	ctive time, at 12:01 a.m. on the earlier
, 2019	
	te of filing:  specific and cannot be prior to date of fil does not meet the applicable statute riment of State's records.  Ffective date, but not an effect is filed.

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00