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(Re	equestor's Name)	
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SECRETARY OF STATE
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AND ANASCEP FLORID.

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COVER LETTER

Division of Cor					
PHILIPPIA SUBJECT:	ANS FOUR 13 TITLES, LLC				
SUBJECT:	Name of Lim	ited Liability Company	<u>.</u>		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Jennifer Chance				
		Name of Person	· · · · ·		
	Write On Time, LLC				
		Firm/Company			
	13424 82nd Lane N				
		Address		•	
	West Palm Beach, FL 334	112			
		City/State and Zip Code		TAL SE(
	writeonjen@gmail.com	to be used for future annual report notifi	agtion)	三岩 三	77
For further information c	concerning this matter, please co	•	cation	AUG 22 PH 12: 13 CRETARY OF STATE LAHASSEE, FLORIDA	LED
Jennifer Chance		561 215-8694		PH IS	
Name o	of Person		Telephone Number	13 13	
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	

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

PHILIPPIANS FOUR 13 TITI		
(Name of the)	Limited Liability Company as it now appears on our records. (A Florida Limited Liability Company))
The Articles of Organization for this Limite Florida document number L16000036866	ed Liability Company were filed on 2/22/2016	and assigned
This amendment is submitted to amend the	following:	
A. If amending name, enter the new nan	ne of the limited liability company here:	
Write On Time, LLC		,
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 ap (Principal office address MUST BE A ST		
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		
		ASS ST
B. If amending the registered agent registered agent and/or the new registered. Name of New Registered Agent: New Registered Office Address:	same	enter the name of the new
	Enter Florida street address	
	, Flor	
	City	Zin 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 **Type of Action** <u>Title</u> **Name** <u>Address</u> □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add Remove 3 ☐ Change □ Add ☐ Remove ☐ Change □ Add

☐ Remove

☐ Change

n/a .	<u> </u>					
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ffective date, if other an effective date is listed, ote: If the date inserte ocument's effective date	the date must be spec d in this block doe:	ific and cannot be s not meet the ap	prior to date of filin	/ filing requirem	ents, this date	g.) Pursuant to 605.02
e record specifies a The 90th day afte			t not an effect	ive time, at 1	.2:01 a.m.	on the earlier
ated August 18		2016	·			
		ack!	CO.			
	Classiii	ra of a member or	authorized represen	tative of a membe		

Page 3 of 3

Filing Fee: \$25.00