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COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: ONTIME PRINT'S 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:
EMER ENAMORADO  Name of Person
ONTIME PriNTS Firm/Company
863 NE 30th court
OAKLAND PACK FL 33334  City/State and Zip Code  ONTIME Prints 0076 @ GMAIL. COM  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (954) 593-8757  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 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 ARTICLES OF ORGANIZATION

ed 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 \_ Florida document number 81-4395990. 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:	
New Registered Office Address:	Enter Florida street address
	Enger Provide street dadress

Zip Code City

#### 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

$AMBR = A_1$	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ctive date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing or more the list. If the date inserted in this block does not meet the applicable statutory filing requestions of the list of the date on the Department of State's records.	(optional) nan 90 days after filing.) Pursuant to 6	 605.( iste
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record specifies a delayed effective date, but not an effective time he 90th day after the record is filed.	, at 12:01 a.m. on the ear	rlier
ed 11/28/2016.		

Page 3 of 3

Filing Fee: \$25.00