

470000 66665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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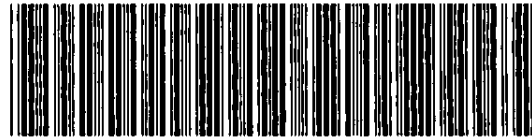
(Business Entity Name)

(Document Number)

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CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
FLORIDA  
NORTH DIXIE COUNTY

APR 18 2017  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: On Time Transportation and Mobility Services, 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:

Harvest Newton  
Name of Person  
On Time Transportation and Mobility Services, LLC  
Firm/Company  
2081 SW Kasim Ter.  
Address  
Prt Saint Lucie FL 34953  
City/State and Zip Code/  
ontime-transmobile@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mallissa Newton at (772) 333-0728  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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**

On Time Transportation and Mobility Services, 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 3/23/17 and assigned  
Florida document number L17000066665

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)**

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CLERK OF STATE  
TALLAHASSEE, FLORIDA  
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**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:

Mallissa Newton

New Registered Office Address:

Enter Florida street address

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.*

Mallissa Newton  
**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>
<u>MGR</u>	<u>Harvest Newton</u>	<u>2081 SW Kasim Ter</u>	<input checked="" type="checkbox"/> Add
		<u>PSL, Florida</u>	<input type="checkbox"/> Remove
		<u>34953</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Mallissa Newton</u>	<u>2081 SW Kasim Ter</u>	<input type="checkbox"/> Add
		<u>PSL, FL. 34953</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AP</u>	<u>Mallissa Newton</u>	<u>2081 SW Kasim Ter</u>	<input checked="" type="checkbox"/> Add
		<u>PSL, FL 34953</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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CLERK OF SUPERIOR COURT  
JANUARY 17 2017

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**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.

Dated April 12, 2017

Handwritten signature: *Handwritten signature*  
Signature of a member or a

Signature of a member or authorized representative of a member

Harvest D. Newton JR  
Typed or printed name

Typed or printed name of signee

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TAXATION  
DIVISION