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(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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COVER LETTER

	ion of Cor			
SUBJECT.	Around The	Clock Transportation Services	s, LLC	
SUBJECT: _		Name of Limi	ted Liability Company	
The enclosed a	Articles of a	Amendment and fee(s) are sub	nitted for filing.	
Please return a	ill correspo	ndence concerning this matter (to the following:	
		Sandra George		
		<u> </u>	Name of Person	
		Around The Clock Transpo	ortation Services, LLC	
			Firm/Company	
		4829 Pine Knott Lane		
			Address	···
		West Palm Beach., FL 334	117	
		atetransportationservices@y	City/State and Zip Code	
			o be used for future annual report no	otification)
For further inf	ormation co	oncerning this matter, pl <mark>ea</mark> se ca	dl:	
Sandra Georg	ic		561 693-7278	
	Name o	f Person	at ()	me Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 Fil	ing Fee	S30.00 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)
	٠.			
	Registr Divisio P.O. Bo	ation Section on of Corporations ox 6327 ussee, FL 32314	STREET/COUP Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Around The Clock Transportation Services, LLC	
(Name of the Limited Lability C	ompany as it now appears on our records.) nited Liability Company)
(Asflorida Lii	mited Liability Company)
The Articles of Organization for this Limited Liability Com	pany were filed on and assigned
11.	,
Florida document number L17000140520	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited</u>	Hiability 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 ADDRES	SS)
" }	
 	
Enter new mailing address, if applicable:	- '
1	7
(Mailing address MAY BE A POST OFFICE BOX)	
1	· •
P. If amonding the registered agent and/or register	ed office address on our records, enter the name of the new
registered agent and/or the new registered office addres	
Tegistered agent analysis the new registered office address	±~
\	9
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
	•
New Registered Agent's Signature, if changing Registered A	gent:
l l	

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

r remove	ig Authorized Person(s) authori 1 from our records:	ed to manage, enter the title, name, and add	ess of each person being ad
1GR = - 1	Manager Authorized Member		
<u>itle</u>	<u>Name</u>	Address	Type of Action
4GR	Shirley Bryce	4829 Pine Knott Lane	
		West Palm Beach, FL 33417	Remove
			Change
			Add
			☐ Remove
			Change
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fective date, if other than the o	date of filing:	(option	al)
in effective date is listed, the date must ote: If the date inserted in this blo	be specific and cannot be prior to date to do the specific and cannot be prior to date the applicable	nte of filing or more than 90 days after fi statutory filing requirements, this c	ling.) Pursuant to 60: late will not be list
ocument's effective date on the De	partment of State's records.		
e record specifies a delayed The 90th day after the reco	effective date, but not ar	n effective time, at 12:01 a.	m. on the earli
The 90th day after the reco	na is med.		
ated	2017		
aled March	and the second		
	Signature of a member or authorized	d representative of a member	
Sandra George	II I		
Sandra George	Typed or printed na	me of signee	
Sandra George	Typed or printed na	me of signee	
Sandra George	Typed or printed na		