L18000188687

(Re	questor's Name)	
(Ad	dress)	
		
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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05/13/21--01015--007 **25.00

6/18/21

COVER LETTER

TO: Registration Division of C			
CUDIECT.	Demar's Or	Time Transport LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
		Denmarie Reid	
		Name of Person	
	Dema	r's On Time Transport LLC	
		Firm/Company	
	606	5 Bald Egle Drive, Suite 617	
		Address	
	M	arco Island Florida 34145	
		City/State and Zip Code	
		nsport.ontime@yahoo.com (to be used for future annual report	and Control
For further information	concerning this matter, please c	·	(nouncation)
	rie Reid	239	216-7680
Name	of Person	at () Area Code Da	sytime 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 Addre Registration		Street Addres Registration	
_	Corporations		Corporations

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Demar's On Time Transp			
(Name of the Limited Liability Compan (A Florida Limited Li	iy as it now appears iability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company vi Florida document numberL18000188687	were filed on	08/07/2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabilia	ty Company," the de	 signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	606 Bald Eagle Drive. Suite 617		
(Principal office address MUST BE A STREET ADDRESS)	Marco Is	land	
	Florida 3	4145	
Enter new mailing address, if applicable:	606 Bald Eag	le Drive, Suite 617	
(Mailing address MAY BE A POST OFFICE BOX)	Marco Is	land	
	Florida 3	4145	
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:			ne of the new registered
	Enter Florida street address		
	Cay	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	performance of n rovided for in Cl	ny duties, and Lam hapter 605, F.S. Or	familiar with and if this document is

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
CEO	Denmarie Reid	8927 Madrid Cir Naples Florida 34104	🗀 Add
			Remove
			□Change
MGR	Denmarie Reid	8927 Madrid Cir Naples Florida 34104	= Add
			□Remove
		 	□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			Change
			□ Add
			☐ Add ☐ Remove:
			□Change
			□ Add
			□Remove
			□Change

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ote: If the	ate, if other than the date of filing:)5 020 sted a
ecord spec is filed.	rifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft	er the
	03/13/2021	
ited		
nted	Signature of a member or authorized representative of a member	7