19000/62203

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	= #)
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(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Registration S Division of Co		
	Prime LLC	
SUBJECT:	Name of Limited Liability Company	_
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.	
Please return all corresp	spondence concerning this matter to the following:	
	Steven Sandoval	
	Name of Person	
	On Time Prime LLC	
	Firm/Company 1500 Beville Road Ste 606-358 385	_
	Address Daytona Beach, Florida 32114	_
	City/State and Zip Code ss@ontimeprimelle.com	_
For further information	E-mail address: (to be used for future annual report notification) n concerning this matter, please call:	
Steven Sandoval	at ()	
Name	e of Person Area Code Daytime Telephone Nun	nber
Enclosed is a check for	r the following amount:	
□ \$25.00 Filing Fee	Certificate of Status Certified Copy Certi (additional copy is enclosed) Certi	0 Filing Fee, ficate of Status & fied Copy ional 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 Prime LLC		
(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000162203</u> .	were filed on July 1, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "Lib.C."
Enter new principal offices address, if applicable:	1500 Beville Road Ste 606-385	
(Principal office address MUST BE A STREET ADDRESS)	Daytona Beach, Florida 32114	- 2
		H N M
Enter new mailing address, if applicable:	500 Beville Road Ste 606-385	3.9 k
(Mailing address MAY BE A POST OFFICE BOX)	Daytona Beach, Florida 32114	D+' -
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		er the name of the new
		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	-	Zip Code

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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			Change
			
			Remove
			Change
	_		
			Remove
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If an effective date i Note: If the date		specific and cannot be ploors not meet the app	rior to date of filing o olicable statutory fi	more than 90 days after	ional) r filing.) Pursuant to 605.0207 is date will not be listed as
	ifies a delayed eff y after the record		not an effective	e time, at 12:01	a.m. on the earlier of
Dated 19 July		, 2019	·		
	Sign	ature of a member or a	uthorized representat	ve of a member	

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Filing Fee: \$25.00