

L19 000 282 640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

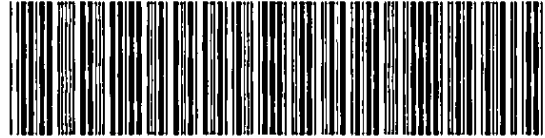
(Business Entity Name)

(Document Number)

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MAR 01 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 26, 2021

MARIE GOTLER  
3564 AVALON PARK BLVD E  
STE 1, #187  
ORLANDO, FL 32828

SUBJECT: ON TIME DELIVERY & INSTALLATION SERVICES, LLC  
Ref. Number: L19000282640

We have received your document for ON TIME DELIVERY & INSTALLATION SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

PLEASE ADD TITLE FOR MEMBER LISTED ON PAGE 2.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 821A00001830

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: On Time Delivery & Installation 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:

Marie Gotler

Name of Person

On Time Delivery & Installation Services, LLC

Firm/Company

3564 Avalon Park Blvd East, Ste 1 # 187

Address

Orlando, Florida 32828

City/State and Zip Code

marie.gotler@ontimedelsvc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marie Gotler

321 297-4159  
at ( )

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 Address:

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

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On Time Delivery & Installation 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 11/13/2019 and assigned  
Florida document number 119000282640.

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 "LLC."

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:

Marie Angeles Gotler

New Registered Office Address:

14661 Michener Trail

Enter Florida street address

Orlando

Florida 32828

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.

Marie Angeles Gotler

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	William Flores	513 SW 56TH Ave	<input type="checkbox"/> Add
		Coral Gables, Florida 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
HGR	Marie Angeles Gotler	14661 Michener Trail	<input checked="" type="checkbox"/> Add
		Orlando, Florida 32828	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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6/15/20

**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 November 24, 2020

November 24, 2020  
Marie Angeles Cottler  
Signature of a member or authorized representative of a member

Marie Angeles Gotler  
Typed or printed name of signer

Typed or printed name of signee

**Filing Fee: \$25.00**