L20 0000063354

(Re	equestor's Name)	
(Ac	idress)	
(Äc	idress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Dx	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		;
		_

Office Use Only



700341697907

09/09/20--01017--025 **25.00

2000 13 FG 5: 28

R. WHATE APR 1 4 2023

2020 APT. 13 PF 1:00

March 25, 2020

MICHAEL A TEPFER 5232 SW 2ND PLACE CAPE CORAL, FL 33914

SUBJECT: ON TIME SERVICES OF SWFL, LLC

Ref. Number: L20000063354

We have received your document for ON TIME SERVICES OF SWFL, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Letter Number: 020A00006540

Catherine M Wood Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: On Time Services Of SWFL, 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:
Michael Tepfer Name of Person
On Time Services Of SWFL
5232 Swand Place
Cape Coval, FL 33914 City/State and Zip Code Michaeladam tepfer@gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Tepfer at (239) 440 - 6929 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) 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

(Name of the Limited (A	Liability Company as it now appears on our records.)
The Articles of Organization for this Limited Liab Florida document number \(\sum_2 \)	ility Company were filed on 2/21/2020 and assigned
This amendment is submitted to amend the follow	ing.
A. If amending name, enter the new name of the	ne limited liability company here:
The new name must be distinguishable and contain the word Enter new principal offices address, if applicab (Principal office address MUST BE A STREET).	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office address on our records, <u>enter the name of the new registere</u> here:
Name of New Registered Agent: New Registered Office Address:	Michael A. Tepfer 5232 Su 200 place
New Registered Office Address.	Enter Florida street address Cape Oral Florida 33914 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.

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>	Address	Type of Action
AMBR	Michael Tepfer	5232 Sw 2nd Place	<u>C</u> ixidd
		5232 Sw 2nd Place Cape Coral, FL 3	39 H Remove
			□ Change
			□Add
			□Kemove
			Change
			□Add
			🗆 Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			Change
			□Add
			□Remove
			□ Chango

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
If an ef Note:	tive date, if other than the date of filing:
e reco rd is t	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	April 10th 2020.
	X /// II
	Signature of a member or authorized representative of a member