L200000 78811

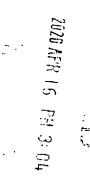
·				
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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2020 AP 10 7 4: 19

FLORIDA DEPARTMENT OF STATE Division of Corporations

April 8, 2020

JULIET GORDON 1098 NW LEONARDO CIR PORT ST LUCIE, FL 34986

SUBJECT: OVERTIME TRANSPORTATION LLC

Ref. Number: L20000078811

We have received your document for OVERTIME TRANSPORTATION LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Last page of filing missing with signature.

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: 920A00007562

Octavia L Simmons
Regulatory Specialist II Supervisor

www.sunbiz.org

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	JULIET GORDON					
	Name of Person					
OVERTIME TRANSPORTATION LLC						
	Firm/Company					
	1098 NW LEONARDO CIRCLE					
Address						
	PORT SAINT LUCIE FL.	34986				
	-	City/State and Zip Code				
	OVERTIMETRANSPORT	•				
	E-mail address: (to be used for future annual report noti	fication)			
For further information e	concerning this matter, please ca	all:				
JULIET GÖRDÖN		772 5291624				
		Area Code Daytim	e Telephone Number			
Enclosed is a check for the	he 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:		<u>Street Address:</u> Registration Se	ction			
Registration Section Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Overtime Transportation LLC		LUZU APRILE S	
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	- 1020 APIC 16 PIJ 3: 04	
The Articles of Organization for this Limited Liability Florida document number <u>L20000078811</u>		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "f.I.C" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		. <u></u>	
(Principal office address MUST BE A STREET ADD	ORESS)	***	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register agent and/or the new registered office address here:	' 	name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address	<u>.</u>	
	, Florid	la 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 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 2020 APR 16 PH 3: 04 2350 Sw Marshfield Court, Port St Lucie, FE. 34953	Type of Action
AMBR	KEANU A DUNCANSON	2350 Sw Marshfield Court, Port St Lucie, FE. 34953	= Add
			□Remove
			□Change
AMBR	JAVON R KNIGHT	1098 Nw Leonardo Cr. Port Saint Lucie, FL 34986	□Add
			□Remove
			= Change
AMBR	TRAVIS W JULCEUS	1098 Nw Leonardo Cr. Port Saint Eucie Fl 34986	□Add
			□Remove
		 	= Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2020 APR 16 PH 3: 04 E. Effective date, if other than the date of filing: ____ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) 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. If the record 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 record is filed. Dated <u>04 - 13 - 2020</u>. Tulied GORD DN
Typed or printed name of signee

Filing Fee: \$25.00