121000012077

(R	equestor's Name)	
(A	ddress)	
	ddress)	
100	udicss)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Nan	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		İ
	-	





500360270555

02/19/21--01019--028 ++25.00

AZIMET TO AH 6:45

O SIMMONS MAY 21 2021

RECEIVED

2021 MAY 10 AM 10: 16

SECRETAL AND TO THE TALLACIAS FEEL FL

April 27, 2021

MICHEL CAMPBELL 5941 NW 19 ST LAUDERHILL, FL 33313

SUBJECT: QUICKLY ONTIME L.L.C

Ref. Number: L21000012077

We have received your document for QUICKLY ONTIME L.L.C and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P16000067031.

The registered agent must sign accepting the designation.

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: 721A00008655

COVER LETTER

Division of Corp	orations		
SUBJECT: <u>GU</u>	idaly onto	ited Liability Company	·
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Michael	Name of Person	ell
		Firm/Company	
	5941 N	W 19 St Address	
	Lauder H.	Florida 3 City/State and Zip Code Etricogyan, 1. Coto be used for future annual report notifi	33B
	Mikeele E-mail address: (1	Etricogma, 1. C.	o M ication)
For further information cor	ncerning this matter, please ca	all:	
		at (<u>954)</u> 826 Area Code Daytime	2 - 4990 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

Buickly onti	WE /L. C 2521 HAY 10 AH 6: 45
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number 12100012011.	were filed on $0//04/2021$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
The new name must be distinguishable and contain the words "Limited Liabii	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5941 NW 19 St Laurerhill FL 33313
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5941 NW 19 St Lauderhill FL 33313
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, enter the name of the new registered
Name of New Registered Agent: M. L	nel H (ambbell
New Registered Office Address: 5941	NW 19 St Enter Florida street address
Lay	dehill Florida 33313 City 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 accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
	Mobile
Dear Sir/Moidoine I will keep the name I wife name and add r	nging Registered Agent. Signature of New Registered Agent
T will keep the name	as it is, just to remove my
wife name and add r	Mine (M) heal dade

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 Address 21 KAY 10 AH 6: 45 Title Name Type of Action Tettina Campbell 5991 NO 1918+ DAdd MGR Lauder Lill FL 33313 KRemove _____ Change MGR Michael Campbell 5941 NW 19 St XAdd Lauderhill Fl 33313 DRemove ____ Change _____ □Add _____ □Remove _____ □Change ______ __ _Add □Remove

	(BI HAY 10 AM 6: 45
	'
	<u> </u>
	,
tive date, if other than the date of filing: Hective date is listed, the date must be specific and cannot be prior to date. If the date inserted in this block does not meet the applicable ment's effective date on the Department of State's records.	(optional) are of filing or more than 90 days after filing.) Pursuant to 605.02 statutory filing requirements, this date will not be listed
ord specifies a delayed effective date, but not an effective time, filed.	at 12:01 a.m. on the earlier of: (b) The 90th day after the 12021 (M) while the state of the sta
(N) lide	d representative of a member

Filing Fee: \$25.00