## 62100329526

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(4.1), 1.11, 1.11, 1.11, 1.11			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



100432053181

68 135 . 1 -81307-+601 - <del>1,1</del>25.60

14 '33SSSS' 21VIE 91:1 Kd %3......33 G :4

5. 19. 19 24 24

## COVER LETTER

TO:

TO: Registration So Division of Co				
SUBJECT: FN	V+IME Tra	NSDOCH LOGIC nited Liability Company	Stics LLC	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	_Christian	na Rothermel Name of Person		
	Anytime T	ransport Logis	Stics LLC	
		Altman Rd Address	10 mm (4.7)	
	Fort Piece	CityState and Zin Code	27 E	
	Christiana R E-mail address:	20thermel 186 to be used for future annual report not	DAMASSIE PH 1:16	
For further information c	oncerning this matter, please c	all:	1. E	
Thrishana Name o	YUTHERM EL	$\frac{1}{\text{Area Code}} = \frac{544}{\text{Daytim}}$	ZZ45 e Telephone Number	
Enclosed is a check for th	ne following amount:			
<b>№</b> \$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		Street Address: Registration Sec		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
Tallahassee, Fl. 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PNY+ MC Transport 1091 Stics 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 4 8 2.02	2 and assigned
Florida document number <u>L2\000329526</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Phytime Transport The new name must be distinguishable and contain the words "Limited Liabili	3 TOWING LLC  Iy 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)	5575 A1+ma	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	same as ab	ocve
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the na	me of the new registered
		4 ~ <b>3</b> 4,* 1 2
Name of New Registered Agent:		The state of the s
New Registered Office Address:	Emer Florida street address	
	. Florida _	
New Registered Agent's Signature, if changing Registered Agent:	City	ATE 16
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am rovided for in Chapter 605, F.S. Oi	familiar with and r, if this document is

If Changing Registered Agent, Signature of New Registered Agent

## E. Effective date, if other than the date of filing: (optional) (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 603,0207 (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. Signature of a member of authorized representative of a member

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00