L22000155195

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Office Use Only



COVER LETTER

PRIME TIME CUSTOM HOUSE BROKER LLC SUBJECT: 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: Claudine M. Rosca Name of Person Prime Time Custom House Broker LLC Firm/Company 1315 Oakfield Dr. Suite 3404 Address Brandon, Florida 33509 City/State and Zip Code claudinemae@cjclogistics.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Claudine M. Rosea 706-6787 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address:

TO:

Registration Section Division of Corporations

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**

PRIME TIME CUSTOM HOUSE BROKER LLC

(Name of the Limited Liability Compan

(A Florida Limite	ed Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Compar Florida document number <u>L22000155195</u>	ny were filed on $\frac{03/31}{}$	/2022	and assig	zned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ability company here	::		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the design	gnation "LLC" or the abbre	eviation "L.L.	.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
			22 SEP	<u> </u>
Enter new mailing address, if applicable:			TP 2	표표 도 ::-
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our reco	ords, <u>enter the name c</u>	of the new r	in in its second
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida	street address		
	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>			
hereby accent the appointment as regiment 1	_			

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 =	GR = Manager		
AMBR =	Authorized	Memb	

Title	Name	<u>Address</u>	Type of Action
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			□Change
			□Add
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the main officer of the comp	any holds their o	own persona	l license unde	er # 40735.			
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The state of the s	AN GOUS HOLDING	ct the abbility	to date of filing ible statutory	or more than filing requir	90 days after fil ements, this d	ling.) Pursuant late will not b	to 605.(le lister
cument's effective date on the De	partment of Stat	te's records.					
ecord specifies a delayed effective	date, but not ar	effective ti	ne. at 12·01 :	ım on the e	rdier of: (b)	The Outh dea	
is filed.			, 2.5	and on the c	arner or. (b)	The 90th day	alter
ted September 12		2022					
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Filing Fee: \$25.00