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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: PUNC	itual Solu	tions LLC	
<u></u>		nited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Melby S	Handbern Name of Person	
	Punctual:	Solutions LLC Firm/Company	
	304 Punce	Blvd Ste 2	
	Jackson	City/State and Zip Code	
		144 C GMall. CCM to be used for future annual report notifications.	
For further information cor	ncerning this matter, please c	all:	
Melby St Name of 1	undberny Person	at (<u>0104)</u> <u>233</u> Area Code Daytime	5634 e 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se	ction	Street Address: Registration Sec	etion
Division of Cor		Division of Corp	porations
P.O. Box 6327 Tallahassee, Fl	32314	The Centre of T	allahassee Street, Suite 810
rananassee, l l.	, Jaj 17	2413 IN. WIOIIIO	. Ducci, build of U

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Punctual Solution (Name of the Limited Liability (A Florida)	ns LLC	
(Name of the Limited Liability (A Florida L	Company as it now appears on our recimited Liability Company)	eords.)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L24000 [9780]</u>	mpany were filed on	2 2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here: N/A	
Enter new principal offices address, if applicable: N/(Principal office address MUST BE A STREET ADDRE	A	LC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: N/A		1
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent: V/A-		
New Registered Office Address: N/A	Enter Florida street ada	tress
		Florida
	City	Florida 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 any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Punctual Solutions Licis changing invners	<u> 11P</u>
percentage as follows:	
MELBY STANBERRY NOW OWNS 51°1. OF PU	nctual
SOLUTIONS LLC	
MELBY STANBERRY IS THE CONTROLLING	 1
MEMBER/OWNER OF PUNCTUAL SU	
LLC. ASTO RECISION MAKER.	
JOHN STANDBERRY NOW OWNS 497 OF PO	 UNCTUAI
Solutions UC	<u></u>
Jood Garage	
	
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ffective date, if other than the date of filing: (optional)	r.
ffective date, if other than the date of filing:	ursuant to 605.0207
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 9 is filed.	Oth day after the
Signature of a member or authorized representative of a member	
Malhy Stradlong	
Typed or printed name of stence	