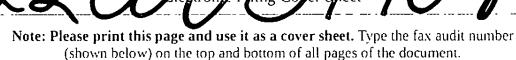
Division of Corporations



(((H24000370941 3)))



H240003709413ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

		Email	Address	:				
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PERFECT TIMING TRANSIT SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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NOV - 8-2024

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Help

To. 18506176383

Page: 2/4

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2024 NOV -7 PM 3: 08

Fax: 8134365206

Perfect timing transit services, 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 L Florida document number L22000379082	.iability Company	were filed on 08/30.	/2022	and assigned
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	f the limited liab	ollity company here	:	
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the desig	gnation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applie	cable:			
(Principal office address MUST BE A STREI	ET ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or agent and/or the new registered office addre	•••	address on our reco	ords, <u>enter the nam</u>	ie of the new registered
Name of New Registered Agent:	Registered Age	ents Inc		
New Registered Office Address:	7901 4th St N S	STE 300		
		Enter Florida	street address	
	St. Petersburg		, Florida <sup>33</sup>	702
	-	Ciţy		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 Changing Registered Agent, Signature of New Registered Agent

11/7/2024-06.43:04 9ST To: 18506176383 Page: 3/4 Fax: 8134365206

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	Type of Action
MGR	MEDINA, ERNESTO	3275 MAGNOLIA PEDAL COURT	□ Add
		CLERMONT, FL 34711	<b>X</b> !Remove
			□Change
AMBR	MEDINA, ERNESTO	3275 MAGNOLIA PETAL COURT	<b>∑</b> Add
		CLERMONT, FL 34711	□Remove
			□Change
MGR	MEDINA, ERNESTO ENRIQUE	3275 MAGNOLIA PETAL COURT	<b>∑</b> i Add
		CLERMONT, FL 34711	□Remove
			☐ ☐ Change
			Fi Add
			☐Remove
			CHETARY PHONE
			CORROSOVE
			□Remove

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Note: If the date inserted in th	must be specific and cannot be prior to date	(optional) of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)( attutory filing requirements, this date will not be listed as the
the record specifies a delayed effi- word is filed.	ective date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2024	
Relian	Signature of a member or authorized to	epresentative of a member
Robin Jones	t !	

Typed or printed name of signee