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| Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array}{ c c c c c c c c c c c c c c c c c c c | TO: Registration So Division of Con | | * | | |
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| 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: Danylo Okhrimenko | | | | | |
| Please return all correspondence concerning this matter to the following: Danylo Okhrimenko | SUBJECT: | Name of Lim | ited Liability Company | | |
| Danylo Okhrimenko Name of Person | The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| InTime Expedite LLC Firm/Company 530 Grand Cypress Dr. APT 923 Address Saint Johns. FL 32259 City/State and Zip Code intimeexpedite@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Danylo Okhrimenko Name of Person Name of Person Area Code Daytine Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certified Copy tadditional copy is enclosed) Maiting Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee | Please return all correspo | ondence concerning this matter | to the following: | | |
| InTime Expedite LLC Finn/Company 530 Grand Cypress Dr. APT 923 Address Saint Johns. FL 32259 City/State and Zip Code intimeexpedite@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Danylo Okhrimenko Name of Person Name of Person Name of Person Person S25.00 Filing Fee & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee | | Danylo Okhrimenko | | | |
| Firm/Company 530 Grand Cypress Dr. APT 923 Address Saint Johns. FL 32259 City/State and Zip Code intimeexpedite@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Danylo Okhrimenko Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee | | | Name of Person | | |
| Saint Johns. FL 32259 City/State and Zip Code Intime expedite@gmail.com E-mail address: (to be used for future annual report notification) | | InTime Expedite LLC | | | |
| Address Saint Johns. FL 32259 | | - | Firm/Company | | |
| Saint Johns. FL 32259 City/State and Zip Code intimeexpedite@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Danylo Okhrimenko Name of Person Name of Person Person Name of | | 530 Grand Cypress Dr. AF | PT 923 | | |
| City/State and Zip Code intimeexpedite@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Danylo Okhrimenko Name of Person Name of Person Name of Person Name of Status Enclosed is a check for the following amount: State of Status Certificate of Status Certificate of Status Certificate of Status & Certificate of Status & Certificate Opy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 City/State and Zip Code Intimeexpedite@gmail.com Enclosed is a check for future annual report notification) Area Code Daytime Telephone Number Daytime Telephone Number Stocobe Number Certificate of Status & Certificate Opy (additional copy is enclosed) The Centre of Tallahassee | | _ | Address | | |
| intimeexpedite@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Danylo Okhrimenko 904 5819921 at (| | Saint Johns, FL 32259 | | | |
| E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Danylo Okhrimenko | | | | | |
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| Danylo Okhrimenko Second Person Saladin Saladin | | | | cation) | |
| Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee | For further information c | concerning this matter, please c | all: | | |
| Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Area Code Daytime Telephone Number | Danylo Okhrimenko | | | | |
| □ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 □ Status □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee | Name o | of Person | | Telephone Number | |
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| Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee | | | | tion | |
| | Division of C | Corporations | | | |
| Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 | | | | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Intime Expedite LLC | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------|-----------------------------------|
| (<u>Name of the Limited Liability Compar</u> (A Florida Limited L | ny as it now appears on c liability Company) | our records.) | |
| The Articles of Organization for this Limited Liability Company Torida document number L23000099771 | were filed on <u>02/24/20</u> |)23 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, <u>enter the new name of the limited liabi</u> | lity company here: | | |
| OnTime Expedite LLC | | | |
| he new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designa | tion "LLC" or the abbre | viation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| Principal office address MUST BE A STREET ADDRESS) | | ार जन्म ' स्तुप | 2023 |
| | | [] [] [] [] [] [] [] [] [] [] | |
| | | | <u> </u> |
| Inter new mailing address, if applicable: | | \$20 \$20 | _P m |
| Mailing address MAY BE A POST OFFICE BOX) | | ms | D |
| | | L A | 55 |
| 3. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent: | ddress on our record | ls, <u>enter the name o</u> | f the new registe |
| New Registered Office Address: | | | |
| | Enter Florida sti | reet address | |
| | | Florida | Zip Code |
| to a Booking of the Control of the C | City | | zīp Coae |
| New Registered Agent's Signature, if changing Registered Agent: | | | |
| hereby accept the appointment as registered agent and agrowsisions of all statutes relative to the proper and complete incept the obligations of my position as registered agent as pering filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my a provided for in Chapt | hities, and Lam fam ier 605, F.S. Or, if t | iliar with and his document is |

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 = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------------|-----------------------|----------------|
| AMBR | Olha Okhrimenko | 530 Grand Cypress DR | ≡ Add |
| | | APT 923 | □Remove |
| | | Saint Johns, FL 32259 | □Change |
| AMBR | Serhii Okhrimenko | 530 Grand Cypress DR | ≣∧dd |
| | | APT 923 | □Remove |
| | | Saint Johns, FL 32259 | ☐Change |
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| | Signature of a member | r or authorized representa | itive of a member | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------|-------------------------------------------------------------------------|----------------------------------|
| Dated June 28 | 202 | 3 | | |
| If the record specifies a delayed efferecord is filed. | ctive date, but not an eff | ective time, at 12:01 a | .m. on the earlier of: (b) | The 90th day after the |
| E. Effective date, if other than (If an effective date is listed, the date <u>Note</u> : If the date inserted in thi document's effective date on th | must be specific and cannot s block does not meet the | e applicable statutory i | (option or more than 90 days after fi filing requirements, this o | ling.) Pursuant to 605,0207 (3)(|
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Typed or printed name of signee