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FILEU 1024 APR 22 PH 2: 34 SECRETARY OF STAT

COVER LETTER

Division of Corp	oi attons		
SUBJECT: Travel Time	is Short LLC		
SUBJECT: Haver Time	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	dence concerning this matter (to the following:	
•			
	Christian Zuelch	Name of Person	
		Name of Ferson	
	Zuelch & Zuelch LLC		
		Firm/Company	
	3144 Northside Drive, Suit		
		Address	
	Key West, FL 33040		
	Rey West, 1 E 33040	City/State and Zip Code	
	chris@zuelchaccounting.com	·	
	_	o be used for future annual report noti	fication)
For further information co	ncerning this matter, please ca		
1 of further information con	neering this matter, please ca	ш.	
Christian Zuelch		at (305) 923-9241	
Name of	Person		e 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.
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
		,, , , , , , , , , , , , , , , , ,	(additional copy is enclosed)
Mailing Address:		Street Address:	
Registration Se	ection	Registration Sec	ction

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

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

(Name of the Limited Liabili (A Florid	ity Company as it now appears on our recor a Limited Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Liability C Florida document number <u>L23000209549</u>	Company were filed on 04/27/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Travel, Time is Short LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	 	
(Principal office address MUST BE A STREET ADD	RESS)	(0. 53
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>ente</u>	APR 22 PH 2: 34 the new registry the name of the n
Name of New Registered Agent:	·	
New Registered Office Address:	Enter Florida street addr	
	, F	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
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			□Remove
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Effective date, if other than the (If an effective date is listed, the date mus		to date of filing or more than	(optional) 90 days after filing.) Pursuant to 60	05.0207 (3)
Note: If the date inserted in this ble document's effective date on the De			ements, this date will not be li	sted as the
the record specifies a delayed effective ord is filed.	e date, but not an effective ti	ime, at 12:01 a.m. on the e	arlier of: (b) The 90th day af	er the
Dated April 16th	, 2024			
ATA	m			
	- 11/6	orized representative of a me		

Typed or printed name of signee