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	(Requestor's Name)	
	(Address)	
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	(City/State/Zip/Phone #)	
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	
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COVER LETTER

TO:

Registration Section

Division of Corporations MIAMI PRIME TIME TRANSPORTATION 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: Yomaira M. McKenzie Name of Person MIAMI PRIME TIME TRANSPORTATION LLC Firm/Company 2841 NE 163 STREET APT 1215 Address NORTH MIAMI BEACH, FLORIDA 33160 City/State and Zip Code LIZNUNEZELI@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: YOMAIRA M. MCKENZIE Name of Person 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 & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIAMI PRIMI: TIMI: TRANSPORTATION (Name of the Limited Liability (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on <u>04/09/2024</u>	and assigned
Florida document number L24000169110	·····	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" of	or the abbreviation, "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
		7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		÷
maning dadress may be a rost of tree boxy		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter th</u>	e name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
·	, Flor	ida Ziv 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

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	HORVIN MCKENZIE	2841 NE 163 STREET APT 1215	
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	date, if other that re date is listed, the da he date inserted in s effective date on	date, if other than the date of the date is listed, the date must be specified after the date in the date of the date in the Department of	date, if other than the date of filing: redate is listed, the date must be specific and cannot be the date inserted in this block does not meet the is effective date on the Department of State's re-	date, if other than the date of filing: re date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable status effective date on the Department of State's records.	date, if other than the date of filing: The date is listed, the date must be specific and cannot be prior to date of filing or more that the date inserted in this block does not meet the applicable statutory filing requires a effective date on the Department of State's records.	date, if other than the date of filing: (optice date is listed, the date must be specific and control be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, this seffective date on the Department of State's records.	date, if other than the date of filing: (optional) the date is listed, the date must be specific and examot be prior to date of filing or more than 90 days after filing.) Pursuant he date inserted in this block does not meet the applicable statutory filing requirements, this date will not

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