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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : KIJOENNA SERVICES INC

Account Number : I20080000033 Phone : (305)644-3055

Fax Number : (305)644-3052

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

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TIME ALL TIME TRANSPORTATION LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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Corporate Filing Menu

COVER LETTER

TO: Registration Division of C			
TIME	LL TIME TRANSPORTATION	LLC	6
SUBJEC¶:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Pleaso return all corres	pondence concerning this matter	to the following:	
	ENNA DIEPPA		
	4-1-1	Name of Person	
	KRISJOENNA SERVICE	S INC	
		Firm/Company	
	2141 SW 1 ST STE 110		
		Address	····
	MIAMI FL 33135		
	WANTED THE COLUMN TO SERVICE OF THE SERVICE OF THE COLUMN TO SERVICE OF	City/State and Zip Code	
	KRISJOENNA@YAHOO. E-mail address:	to be used for future annual report no	otification)
For further information	n concerning this matter, please o	·	,
Name	e of Person	Arca Code Dayt	me Telephone Number
Englaced is a sheek for	sho fallowing amount.		
	r 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 Add		Street Address:	
Registration Division of		Registration S Division of C	
Division of Corporations P.O. Box 6327		The Centre of	
Tallahassee, FL 32314		2415 N. Mon	oe Street, Suite 810
		Tallahassee, F	L 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TIME ALL TIME TRANSPORTATION LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Con	y appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L24000184176</u> .	1 on 04(18/24 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
ON TIME ALL TIME TRANSPORTATION LLC	
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
.	2.24 A
Enter new mailing address, if applicable:	:3
(Mailing address MAY BE A POST OFFICE BOX)	2
	70
D. If any and the second secon	<u>25</u> -
B. If amending the registered agent and/or registered office address or agent and/or the new registered office address here:	our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
ει	nter Florida street address
	, Florida
City	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

_ Change

If umending or removed	Authorized Person(s) authorized to n from our records:	паладе, <u>enter the title, пате, ап</u>	d address of each person being added
MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			□ Remove
			□ Change
		-	□ Add
			□Remove
			□ Chango
			□Remove
			□Change
			□Add
		□ Remove	
			☐ Change
			
			□Remove
			☐ Change
			□ Add
			□Remove

D. If amending any other information, enter change(s) here: (Attach addition	al sheets, if necessary.)
	
	
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more	(optional)
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	equirements, this date will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on record is filed.	the earlier of: (b) The 90th day after the
Dated	
Rateul Ascelu Signature of member or authorized representative of	a nicmber
RAFAEL AGREDO	
Typed or printed name of signee	