

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	_
Certified Copies	_ Certificates	of Status
Special Instructions to		

Office Use Only



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OCT 03 2019
I ALBRITTON

COVER LETTER

	Registration Sec Division of Corp			
eun iec		ort Transportation, LLC		
SUBJEC	.1:	Name of Limi	ited Liability Company	
The enclo	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspon	ndence concerning this matter	to the following:	
		Michael F. Kayusa, Esq.		
			Name of Person	
		Michael F. Kayusa, P.A.		
			Firm/Company	
		2077 First Street, Suite 201	I .	
			Address	
		Fort Myers, FL 33901		
			City/State and Zip Code	
		mfk@mfkayusa.com		
		E-mail address: ()	to be used for future annual report n	otification)
For furthe	er information co	oncerning this matter, please ca	all:	
Michael			239 560-3563 at ()	
	Name of	Person	Area Code Day	time Telephone Number
Enclosed	is a check for th	e following amount:		
□ \$25.0	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 ADDRESS:

TO:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301



September 19, 2019

MICHAEL F. KAYUSA, ESQ. 2077 FIRST STREET #201 FORT MYERS, FL 33901

SUBJECT: MBA AIRPORT TRANSPORTATION LLC

Ref. Number: L06000060122

We have received your document for MBA AIRPORT TRANSPORTATION LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Partnership, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 519A00019453

Irene Albritton Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

20/9

	O	F	-0/g
			records.)
MBA Airport Transportation Serv			· /- 2
(Name of the Limi	i <u>ted Liability Compa</u> (A Florida Limited	any as <mark>it now appears on our</mark> Liability Company)	records.)
		06/13/06	
ne Articles of Organization for this Limited I	lability Company	were filed on our street	and assigned
orida document number L06000060122	·		
nis amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name o	of the limited liab	oility company here:	
/A			
e new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation	on "LLC" or the abbreviation "L,L,C,"
nter new principal offices address, if appli	cable:	N/A	
Principal office address MUST BE A STRE	ET ADDRESS)		
nter new mailing address, if applicable:		N/A	
Tailing address MAY BE A POST OFFICE	E PON	-	
Talling dadress MAT BE A POST OFFICE	<u>. BUA)</u>		•
. If amending the registered agent and	Non marrietamed o	effice address on our	regards, onto the name of the
gistered agent and/or the new registered of	5. 7		ecords, enter the name of the
		_	
Name of New Registered Agent:	N/A		
New Registered Office Address:	2077 First Stre	eet, Suite 201	
rest registered Office Fiddless.		Enter Florida stree	rt address
	Fort Myers		, Florida

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>	<u>Address</u>	Type of Action
MGRM	Michael Griffin	15501-5 Old McGregor Blvd Fort Myers, FL 33908	_
			Remove
			Change
MGRM	Michelle Byrne	15501-5 Old McGregor Blvd Fort Myers, FL 33908	■ Add
			Remove
			Change
MGRM	Judith Griffin	15501-5 Old McGregor Blvd Fort Myers, FL 33908	□ Add
			■ Remove
			□ Change
			Add
			☐ Remove
			Change
_			□ Add
			Remove
			Change
		_	Add
			Remove
			☐ Change

Note: If the	late, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier h day after the record is filed.
Dated Septe	2019

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00