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(City/State/Zip/Phone #)

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(Business Entity Name)

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DIVISION OF CORPORATIONS  
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CL  
4-21-15

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: APE Transportation Services, LLC**  
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:

**Steven Barnard**  
Name of Person  
**APE Transportation Services**  
Firm/Company  
**11289 Persimmon Blvd.**  
Address  
**West Palm Beach, FL 33411**  
City/State and Zip Code  
**Bamy363@Bellsouth.net**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Steve Barnard** at ( **561** ) **790-7882**  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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 ADDRESS:**  
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



**If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:**

**MGR = Manager**  
**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Rebecca Acosta	KM7 Via La Calera.	<input checked="" type="checkbox"/> Add
		Vereda El Hato. Lote B-4-2	<input type="checkbox"/> Remove
		La Calera, Colombia	
AMBR	Rosman Acosta	KM7 Via La Calera.	<input checked="" type="checkbox"/> Add
		Vereda El Hato. Lote B-4-2	<input type="checkbox"/> Remove
		La Calera, Colombia	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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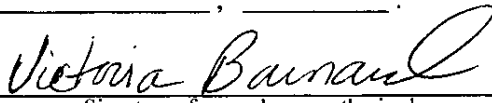
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 30, 2015



Signature of a member or authorized representative of a member

Victoria Barnard

Typed or printed name of signee