

L00000011869

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TALLAHASSEE, FLORIDA

D. BRUCE
OCT 06 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HALJOE COACHES USA, 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:

COREY BULLEMAN

Name of Person

HALJOE COACHES USA, LLC

Firm/Company

1332 STRIMENOS LANE

Address

LEESBURG, FL 34748

City/State and Zip Code

COREY.HALJOECOACH@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

COREY BULLEMAN

352 314-2237

Name of Person

at ()
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

FILED
2016 OCT -5 P 3:34
TALLAHASSEE, FL 32301

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

HALJOE COACHES USA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on MARCH 19, 2016 and assigned Florida document number L00000011869.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

COREY BULLEMAN

New Registered Office Address:

3101 YOUNGS ROAD

Enter Florida street address

LEESBURG

City

, Florida

34748

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

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>	<u>Type of Action</u>
MGRM	COREY BULLEMAN	3101 YOUNGS RD	<input checked="" type="checkbox"/> Add
		LEESBURG, FL 34748	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	JOSEPH V BAMFORD	49 FOX BACK ROAD	<input type="checkbox"/> Add
		MACTIER, ON P0C 1H0 CA	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	FATIMA DOCRAT-BAMFORD	49 FOX BACK ROAD	<input type="checkbox"/> Add
		MACTIER, ON P0C 1H0	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2011 OCT -5 PM 3:34
FALLAP, SCL 2011 FOC

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated SEPTEMBER 30, 2016

Signature of a member or authorized representative of a member

Typed or printed name of signee