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B. KOHR
DEC - 5 2012
EXAMINER



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SECRETARY OF STATE
AND ANASSEE, FLORING

COVER LETTER

TO:

TO: Registration Division of C		
SUBJECT:	Besafe Trunsportut Name of Limited Liabili	ion, L.C.
	Name of Limited Liabili	ly Company
The enclosed Articles of	of Amendment and fee(s) are submitted for	filing.
Please return all corres	pondence concerning this matter to the follow	owing:
	0 - 1-	20E
	Nam	Nabong e of Person
	Besafe 1	ransportation, LLC.
	, Firm	/Company
	2605 Wembleycross W	lay 🛒
		ddress
	Orlando, Marida City/State	32828
	City/State	and Zip Code
	E-mail address: (to be used for	msh, ce m
For further information	n concerning this matter, please call:	<i>4</i>
Ceile Nab	o Cora at	(H07) 380 - 3059 O- 407 - 810 - \$1585 (cell) Area Code & Daytime Telephone Number
Name	e of Person	' Area Code & Daytime Telephone Number
Enclosed is a check for	r the following amount:	
□ \$25.00 Filing Fee	Certificate of Status Cer	00 Filing Fee & □\$60.00 Filing Fee, rtified Copy (ditional copy is enclosed) □\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	**	•
	ILING ADDRESS: stration Section	STREET/COURIER ADDRESS: Registration Section
	sion of Corporations Box 6327	Division of Corporations Clifton Building
	shassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

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

Besale	Transportation, LLC.	
(Name of the Limited Li (A Fl	Trknsportation LLC. ability Company as it now appears orida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liab Florida document number	ility Company were filed onFC	Druary 21 200 Gardassigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company	," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	DX)	
B. If amending the registered agent and/or registered agent and/or the new registered office		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Fnte	r Florida street address
	Ente	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Reg	zistered 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 608, 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

MGR = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
16Rm	Juan M. Nabong	2605 Wembleyeross Way	Add
		2605 Wembleyeross Way Orlando, Morida 32828	Remove
			Add
			Remove
·			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

	1
	November 30, 2012.
_	Movember 30, 2012.
_	November 30, 2012. Min nature Signature of a member or authorized representative of a member

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Filing Fee: \$25.00