## L060000 72104

(Re	questor's Name)	
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## **COVER LETTER**

Division of	1 Section Corporations	
BOCA SUBJECT:	BOB'S AIRPORT TRANSPORTATION L.L.C.	
SUBJECT:	Name of Limited Liability Company	
The enclosed Article	s of Amendment and fee(s) are submitted for filing.	
Please return all corr	espondence concerning this matter to the following:	
	MICHAEL TEVLIN	
	Name of Person	
	FORTE MT CO., INC.	
	Firm/Company	
	2209 BATH AVE	
	Address	
	BROOKLYN, NY 11214	
	City/State and Zip Code	
	fortemt@gmail.com  E-mail address: (to be used for future annual report notification)	
For further informati	on concerning this matter, please call:	
Michael Tevlin	718 266-8311	
Na	at (	
Enclosed is a check	or the following amount:	
\$25.00 Filing Fe	Certificate of Status  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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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JUN	<b>?</b> 0
SECRETAIN ALLAHASS	PH 12: 35 EE, FLORIDA
- 0	LE FLORIDA

BOCA BOB'S AIRPORT TRANSPORTATION L.L.C.

(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 <u>02/27/2006</u>	and assigned
Florida document number L06000022104 .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L,L.C."
Enter new principal offices address, if applicable:	2300 PALM BEACH LAKES BLV	D, SUITE 104
(Principal office address MUST BE A STREET ADDRESS)	WEST PALM BEACH, FL 33409	
	2172 CONEW ICLAND AVE	
Enter new mailing address, if applicable:	3173 CONEY ISLAND AVE	
(Mailing address MAY BE A POST OFFICE BOX)	BROOKLYN, NY 11235	
registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:	Enter 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 agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I opposite provided for in Chapter 605, F.S.	am familiar with and Or, if this document is
IfCha	naing Pagistared Agent Signature of New	w Dagictared 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>	Address	Type of Action
MGR	LARISA GERSHKOVICH	3000 OCEAN PARKWAY, 20-O	
		BROOKLYN, NY 11235	■ Remove
			Change
MGR	LARISA KANEVSKAYA	42 AVENUE I	<b>■</b> Add
		FARMINGDALE, NY 11735	☐ Remove
			Change
MGR	INNA OBOLESHEVA	1215 PARK AVENUE	
		HOBOKEN, NJ 07733	□ Remove
			Change
			Add  2016 Remove T   Change PM 35 OF 90 Adds: 35 OR 10 Adds: 35 OR
			Change
		·	□ Remove
			□ Change

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				2016 JUN 30 PM 2: 35 SECRETARY OF STATE FALLAHASSEE FLORIDA
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ffective date, if other than the an effective date is listed, the date multiple. If the date inserted in this become and a ffective date on the become	st be specific and cannot be lock does not meet the ap	oplicable statutory fi	(option more than 90 days after filling requirements, this	iling.) Pursuant to 605.0207
ocument's effective date on the I	Department of State's rec	oras.		
e record specifies a delaye The 90th day after the re		t not an effective	e time, at 12:01 a.	m. on the earlier of
JUNE 28TH	2016			
1				
(F, U4		authorized representat		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00