Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 517-6383

From:

: KATZ, BARRON, SQUITERC AND FAUST Account Name

Account Number : 072627002473 : (305)856-2444 Phone Fax Number : (305)285-9227

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ACE STUDENT TRANSPORTATION, LLC

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Corporate Filing Menu

9/27/2011

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2011 SEP 27 AM 8: 12

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE TALLAHASSEE, FLORIDA

<i></i>	CE STUDENT TR	ANSPORTATION	ON, LLC		
(Name o	of the Limited Liability Con (A Florida Limite	pany as it now appea d Liability Company)	rs on our records.)	·	
The Articles of Organization for the	is Limited Liability Compa	ny were filed on	03/04/2008	and assigned	
Florida document number	L08000022702				
This amendment is submitted to an	nend the following:				
A. If amending name, enter the	new name of the limited li	ability company her	<u>-e:</u>		
The new name must be distinguishab	le and end with the words "L	mited Liability Compa	iny," the designation "L	LC" or the abbreviation	
Enter new principal offices addr	ess, if applicable:				
(Principal office address MUST B	E A STREET ADDRESS)				
Enter new mailing address, if app	olicable:				
(Mailing address MAY BE A POS		-			
B. If amending the registered registered agent and/or the new r	agent and/or registered rgistered office address h	office address on o	ur records, enter th	e name of the new	
Name of New Registered	Agent:				
New Registered Office Ac	ldress:	For	er Florida street addr	-,	
		,			
		City	, Florida	Zip Code	
New Registered Agent's Signature, i	f changing Registered Agen	<u>t:</u> .			

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 duttes, and I am familiar with and

the provisions of all statutes relative to the proper and complete performance of my duttes, and I am familiar with an 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 = Manager MGRM = Managing Member

If amending the Managers or Managing Members on our records, enter the title, pame, and address of each Manager or Managing Member being added or removed from our records:

Title	Name	Address	Type of Action
MGR	Maritza N. Ruiz	4111 NW 22 Avenue Miami, Florida 33142	Add R∉move
MGR_	Jose A. Ruiz	4111 NW 22 Avenue Miami, Florida 33142	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amending	g any other information, enter change(s	bere: (Attach additional sheets, if necessary.)	FILED 2011 SEP 27 AM SECRETARY OF
Dated	September 27 , 2011		H 8: 12 F STATE F LORIDA
	Mai Typed or p	subscribed representative of a member ritzer N. Ruiz printed name of signoc	
	Į.	Page 2 of 2	

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