

LOG000031180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

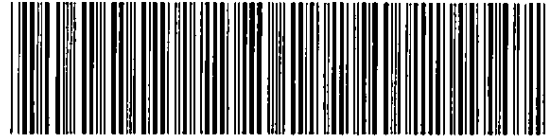
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2023 NOV -9 PM 2:33  
CLERK OF SUPERIOR COURT  
JANUARY 10 2023

Rec. 11/9

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ACADEMY BUS 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:

Michael Pollard  
Name of Person

ACADEMY BUS LLC  
Firm/Company

111 PATERSON Ave  
Address

HOBOKEN NJ 07030  
City/State and Zip Code

Mike Pollard 3030@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Pollard at (904) 3169763  
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 Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

AcADEMY Bus LLC

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

FILED  
2023 NOV -9 PM 2:33  
SECRETARY OF STATE  
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03-27-2008 and assigned  
Florida document number LO8000031180.

This amendment is submitted to amend the following:

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

Same

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)

3501 W BEAVER ST  
Jacksonville FL 32209

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4830 Arid Ave #2065  
Las Vegas NV 89115

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:

Same

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 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>
AMBR	Michael Pollard	4830 Arid Ave #2065 Las Vegas NV 89115	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
mgm	W. Royce Thomas	3501 W Beaver St Jacksonville FL 32254	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
D	Michael Pollard	155 W Imperial Ave Las Vegas NV 89101	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
P	Michael Pollard	795 E tropicana Ave Las Vegas NV 89119	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
T	Michael Pollard	5240 W Post Rd Las Vegas NV 89118	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
mgm	Michael Pollard	3595 NW 110th St Miami FL 33167	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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

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E. Effective date, if other than the date of filing: Oct 23-23 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated Oct 23-2023

Michael Pollard President, Director, Treasurer, AMBR, MGRM  
Signature of a member or authorized representative of a member

Michael Pollard  
Typed or printed name of signee