Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000240439 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850) 617-6383

From:

Account Name

: DIVERSIFIED BUSINESS PRODUCTS & SERVICES, INC.

Account Number : 120130000067

: (954) 990-0606

Fax Number

: (888) 400-5537

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

| Address: | | | |
|----------|----------|----------|----------|
| | Address: | Address: | Address: |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ABC SCHOOL BUS, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 3 1 2013

T. HAMPTON

H130002404393

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | ABC SCHOOL BUS, LLC | | |
|---|--|--------------------------|---------------------------|
| (Name of the Limited | Liability Company as it now appears Florida Limited Liability Company) | on our records.) | |
| The Articles of Organization for this Limited Li | | 09/23/2010 | and assigned |
| Florida document number L10000099637 | · | Ä | 2013 |
| This amendment is submitted to amend the following | owing: | ראָחאָ | ZOUS OCT 30 |
| A. If amending name, enter the new name of | | | me z m |
| The new name must be distinguishable and end wit "L.L.C." Enter new principal offices address, if applic | h the words "Limited Liability Compan | y," the designation " | Live" or the abbreviation |
| Enter new principal offices address, if applic | able: | | > |
| (Principal office address MUST BE A STREE | T ADDRESS) | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE | BOX) | | |
| | | | |
| B. If amending the registered agent and/ registered agent and/or the new registered of | | ar records, <u>enter</u> | the name of the new |
| Name of New Registered Agent: | SILVERIO MAZA | | |
| New Registered Office Address: 11560 SW 122 PLACE | | | |
| | Ente | er Florida street ad | dress |
| | MIAMI | , Florida 3 | 3186 |
| | City | | Zin 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 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

Page 1 of 3

H130002404393

H 130005404393
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | Name | Address | Type of Action |
|---------------|--|--------------------|----------------|
| MGRM | MAYELIN GIL | 11560 SW 122 PLACE | |
| | | MIAMI, FL 33186 | Remove |
| | | | (v] Kesimye |
| | | | · |
| ············· | - Address - Addr | | Add |
| , | • | | Remove |
| | | | ···· |
| | | | Add |
| | | | - |
| | | | Remove |
| | | · Ag | 2013 |
| | | TALL AH | |
| | | HASS | Remove |
| • | | | 77 |
| | | ORICA | 8: 26 Add |
| | | | |
| | • | | Remove |
| | <u>.</u> | | |
| | | | Add |
| | | | Remove |
| | | | |

H13000 240 4393

| · | H130002404393 |
|------------------------------------|---|
| D. If amending any other informati | on, enter change(s) here: (Attach additional sheets, if necessary.) |
| | |
| | · |
| | |
| | · · · · · · · · · · · · · · · · · · · |
| | |
| Dated OCTOBER 29 | 2013 |
| | Silvino Maza |
| Signs | ture of a member or authorized representative of a member |
| | SILVERIO MAZA |
| | Typed or printed name of signee |
| • | Page 3 of 3 |

H130002404393

FILED
2013 OCT 30 AM 8: 27
SECRETARY OF STATE
SECRETARY OF STATE