## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : BERRIZ & GIRALDO P.A.

Account Number : 119990000017

Phone : (305)485~9300

Fax Number

: (305)485~1098

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

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BPN TRANSPORT, LLC**

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Corporate Filing Menu

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10 i -	-	` 	$\circ$ 1	
(Name of the Limite	Onsbori d Llabilia Compan	As it now appe	rs on our records.	<del>)                                    </del>
	A Florida Limited Li	()	. / 6	, , ,
The Articles of Organization for this Limited I	Liability Company	were filed on	<u>esomber 8,</u>	2010 and assigned
Florida document number <u>L/0000</u>	26072			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liabil	ity company he	re:	
BFN Investm		10.		
The new name must be distinguishable and end w "L.L.C."	ith the words "Limite	ed Liability Comp	any," the designatio	n "LLC" or the abbreviation
Enter new principal offices address, if appli-	cable:			
Principal office address MUST BE A STREE				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)	<del></del>		
		<del></del>	<del></del>	
B. If amending the registered agent and/	or registered offi-	ce address on	our records, <u>ente</u>	er the name of the new
registered agent and/or the new registered o				
	(Wall	O 10 2 1	7.200	616
Name of New Registered Agent:	- Destru	ques	<u> </u>	14010
New Registered Office Address:	3821	<u> 2                                   </u>	12 /err ter Florida street d	
	1 2.	E) Ti		waress
	- Hill	City	, Florida	Zin Code
New Registered Agent's Signature, if changing F	legistered Agent:			24. 2020
I hereby accept the appointment as registere the provisions of all statutes relative to the p	d agent and agree	to act in this co	ipacity. I further a	agree to comply with
accept the obligations of my position as regis	stered agent as pro	ivided for in Ch	apter 608, F.S. C	Or, if this document is
peing filed to merely reflect a change in the recompany has been notified in writing of this c	egistered office ac	idress, I hereby Z	confirm that the	llmited liability

Danging Registered Agent, Signature of New Registered Agent

Page 1 of 2

CLARA GIRALDO P.A. 4080 SW 84 AVE SUITE C MIAMI, FL 33155 (305) 485-9300

MGR = Manager

MGRM = Managing Member

BERRIZ&GIRALDO

0000 516440

PAGE 03

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:

Type of Action Title <u>Address</u> Name MOR NUTIEN, Sonia MOR Rodriguez, John Pablo Remove DbA 🔲 Remove Add Remove ∐Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Typed or printed name of signes
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Signature of a member or authorized representative of a member

Filing Fee: \$25.00

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