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T. CLINE
SEP 18 2012
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corpo			ng'	
SUBJECT: BTS		ANSPORT SOLUTION ited Liability Company	NS, LLC	
The enclosed Articles of Art	mendment and fee(s) are su	bmitted for filing.		
Please return all correspond	ence concerning this matter	r to the following:	Λ.	
		Brian J. Baxter		
		Name of Person		
	BTS BIOMEDIC	AL TRANSPORT SOLUT	IONS, LLC	
D		Firm/Company		,
		803 Overdrive Circle		
		Address		
4		Hamanda Florida		
ņ		Hernando, Florida City/State and Zip Code		
	brianbaxter@	②biowastesolutionsdispos	al.com	
	E-mail address: (	to be used for future annual report no	tification)	
For further information con-	cerning this matter, please	call:		
\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	J. Baxter	at (713)	632-1930	27. A.
Name of Po	erson	Area Code & Dayti	me Telephone Number	
				F. 3
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)	ed) Certified	e of Status &

**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

## BTS BIOMEDICAL TRANSPORT SOLUTIONS, LLC

(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company L1200002746  Florida document number	01/03/2012	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liah	oility company here:				
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation "L	LC" or the abbreviation			
Enter new principal offices address, if applicable:	803 E. Overdrive Circle				
(Principal office address MUST BE A STREET ADDRESS)	Hernando, Florida 34442	200			
		27.00			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 136103	<b>党教 </b>			
	Clermont, Florida 34713	E2 7			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, <u>enter t</u> re:	he name of the new			
Name of New Registered Agent: Brian J. Ba	xter				
New Registered Office Address: 803 E. Overdrive Circle  Enter Florida street address					
	Hemando, Florida	24442			
	City	Zip Code			
New Registered Agent's Signature, if changing Registered Agent	<u>:</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 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

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>	<u>Name</u>	Address	Type of Action
MGRM	Robert M. Anderson	8310 S.W. 204TH Court Dunnellon, Florida 34431	dd Remove
MGRM	Majel J. Anderson	8310 S.W. 204TH Court Dunnellon, Florida 34431	Add Premove
MGRM	Brian J, Baxter	803 E. Overdrive Circle Hernando, Florida 34442	ddd Demove
MGRM	Hector L.Diaz	803 E. Overdrive Circle Hernando, Florida 34442	CLAdd
<del></del>			□dd □emove
			ddd emove
B		change(s) here: (Attach additional sheets, if necessary DSAL INC. Acquired all assets of BTS LUTIONS, LLC	
Dated	September, 08	2012  3. J. Bulletonber or authorized representative of a member	
	-	Typed of pilhed Raxtor signee	

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Filing Fee: \$25.00