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D. SCOTT AUG 1 5 2017

COYER LETTER

TO: Registration S Division of Co				
BS TRAN	SPORTATION AND SERVIC	'ES LLC		
SUBJEC1:	Name of Lir	nited Liability Company		
	of Amendment and fee(s) are substance concerning this matter			
rease retain an eartes,	FABIANO CARREIRO	to the following.		
		Name of Person		
		Firm/Company		
	717 VERONICA CIRCLE			
	OCOEE, FL 34761			
	FABIANOMCI@HOTMA	City/State and Zip Code		
	E-mail address: (to be used for future annual report noti	fication)	
For further information	concerning this matter, please of	all:		
FABIANO CARREIRO)	407 797-8267		
Name	of Person		e 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 tadditional copy is enclosed)	Certified Copy (additional copy is enclosed)	

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

BS TRANSPORTATION AND SERVICES LLC

company has been notified in writing of this change.

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

The Articles of Organization for this Limited I	Liability Company	were filed on $\frac{05/08/201}{}$	2 and assigned
Florida document number L12000061688	·		
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designati	on "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE.	ET ADDRESS)		
Enter new mailing address, if applicable:		717 VERONICA CIRO	ïLE
(Mailing address MAY BE A POST OFFICE	E BOX)	OCOEE, FL 34761	
	muning maress MAT BE AT UST OFFICE BOXY		
B. If amending the registered agent and registered agent and/or the new registered of			records, enter the name of the new
	PPL LL COND		53 A
Name of New Registered Agent:	FTLM CORP		
New Registered Office Address:	717 VERONICA CIRCLE		
		Enter Florida stre	
	OCOEE		, Florida 34761
N. 10 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		City	Zip Code.
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg- being filed to merely reflect a change in the	per and complete istered agent as p	performance of my du provided for in Chapte	ties, and I am familiar with and r 605, F.S. Or, if this document is

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

Title	<u>Name</u>	Address	Type of Action
MGR	FTML CORP	717 VERONICA CIRCLE	
		OCOEE, FL 34761	□ Remove
MGRM	FABIANO. CARREIRO M	717 VERONICA CIRCLE	
		OCOEE, FL 34761	Remove
			Change
			□ Remove
			Change
			Add
			□ Remove
			Change
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		/11/2017			
f an effective date is listed, the Note: If the date inserted	han the date of filing: 087 c date must be specific and cannot in this block does not meet the on the Department of State's	ot be prior to date of filir ne applicable statutor	ng or more than 90 day y filing requirement	(optional) s after filing.) Pursuant s, this date will not	t to 605.0207 be listed as
ne record specifies a The 90th day after	delayed effective date, the record is filed.	but not an effect	tive time, at 12:	01 a.m. on the	4
Dated	201	17		9 ja 9	ES TI
	Jan	alui.			NIS 14 BUT!
	Signature of a member	er or authorized represe	ntative of a member		— <u> </u>
FABIANO CA	RRFIRO				. 57

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee