

L12000061688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

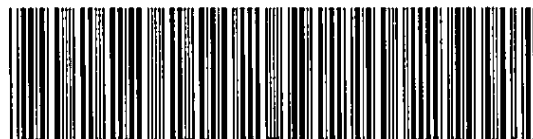
(Business Entity Name)

(Document Number)

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17 OCT 10 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

OCT 11 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BS TRANSPORTATION AND SERVICES 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:

AUREA OLIVEIRA

Name of Person

BS TRANSPORTATION AND SERVICES LLC

Firm/Company

255 WHITE DOGWOOD LN

Address

OCOE, FL 34761

City/State and Zip Code

AUREAREALTOR@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AUREA OLIVEIRA

407 353-4957
at ()

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/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

(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 Liability Company were filed on 05/08/2012 and assigned
Florida document number 112000061688.

This amendment is submitted to amend the following:

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

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:

255 WHITE DOGWOOD LN

(Principal office address MUST BE A STREET ADDRESS)

OCOE, FL 34761

Enter new mailing address, if applicable:

255 WHITE DOGWOOD LN

(Mailing address MAY BE A POST OFFICE BOX)

OCOE, FL 34761

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:

AUREA OLIVEIRA

New Registered Office Address:

255 WHITE DOGWOOD LN

Enter Florida street address

OCOE

City

Florida 34761

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

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MAY 10 AM 10:54
TALLAHASSEE, FLORIDA

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>
MGR	FTML CORP	717 VERONICA CIRCLE	<input type="checkbox"/> Add
		OCOFEE, FL 34761	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	AUREA OLIVEIRA	255 WHITE DOGWOOD LN	<input type="checkbox"/> Add
		OCOFEE, FL 34761	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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17 OCT 10 3:10:34
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

[illegible]

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.

Dated OCTOBER 04, 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

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17 OCT 10 AM 10:54
SOUTHERN DISTRICT OF FLORIDA
FEDERAL BUREAU OF INVESTIGATION
JANUARY 19, 1964