

Division of Corporations

C12000134684

Florida Department of State
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.

(((1118000345701 3)))



H180003457013ABC\$

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 : LEGALZOOM.COM INC.
Account Number : T2E010000062
Phone : (323) 962-8600
Fax Number : (323) 962-3889

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

Email Address: _____

2018 DEC -5 AM 9:26
FILED
CLERK OF COURT
CLERK OF COURT
CLERK OF COURT

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BOLD SOUTH TRANSPORTATION, LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

T. CLINE
DEC - 6 2018

EXAMINE...

2018 DEC -5 AM 11:19

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BOLD SOUTH TRANSPORTATION, 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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N. Brand Blvd., 11th Floor

Address

Glendale, CA 91203

City/State and Zip Code

lesliedeakins@boldsouthtransportation.com

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

For further information concerning this matter, please call:

Cheyenne Moseley

Name of Person

800

at ()

Area Code

773-0888 ext. 9724

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

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2018 DEC -5 AM 9:28

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOLD SOUTH TRANSPORTATION, 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 10/23/2012 and assigned
Florida document number L12000134684.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

8992 114th Terrace

(Principal office address MUST BE A STREET ADDRESS)

Live Oak, Florida 32060

Enter new mailing address, if applicable:

8992 114th Terrace

(Mailing address MAY BE A POST OFFICE BOX)

Live Oak, Florida 32060

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:

New Registered Office Address:

Enter Florida street address

City, Florida

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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

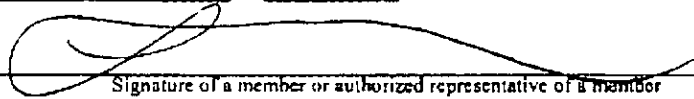
Article IV: Please alter the following managers address to read as follows:

Leslie S. Deakins -8992 114th Terrace Live Oak, FL 32060

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated November 28, 2018.



Signature of a member or authorized representative of a member

Leslie Deakins

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2018 DEC -5 AM 9:28
CLERK OF STATE
TALLAHASSEE, FLORIDA