

L13000174425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

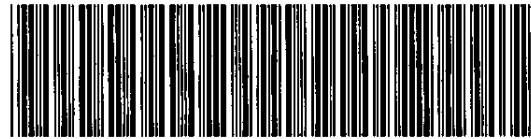
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200262385742

07/28/14--01033--012 **35.00

FILED
2014 SEP 22 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
SEP 25 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2014

CECILIA B MASCIA
2601 NW 16ST RD.
SUITE 407
MIAMI, FL 33125

SUBJECT: BND EXPRESS LOGISTIC LLC
Ref. Number: L13000174425

We have received your document for BND EXPRESS LOGISTIC LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 814A00016418

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **BND EXPRESS LOGISTIC 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:

CECILIA BEATRIZ MASCIA

Name of Person

BNC AUTO TRANSPORT LLC

Firm/Company

2601 NW 16 ST RD. # 407

Address

MIAMI, FLORIDA, 33125

City/State and Zip Code

ceciliamascia@hotmail.com

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

For further information concerning this matter, please call:

Cecilia Beatriz Mascia

Name of Person

at **954 644-0693**

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**

BND EXPRESS LOGISTIC LLC.

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

FILED
2014 SEP 22 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on FLORIDA and assigned Florida document number L13000174425.

This amendment is submitted to amend the following:

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

BNC AUTO TRANSPORT LLC

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:

2601 NW 16 ST RD. # 407

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FLORIDA. 33125

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

CECILIA BEATRIZ MASCIA

New Registered Office Address:

2601 NW 16 ST RD. # 407

Enter Florida street address

MIAMI

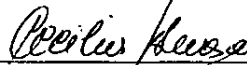
City

Florida 33125

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGRM	MARIA CALCAGNO	250-180 DRIVE \$ 406	<input type="checkbox"/> Add
		SUNNY ISLES, FLORIDA 33160	<input checked="" type="checkbox"/> Remove
MGRM	CECILIA BEATRIZ MASCIA	2601 NW 16 ST RD # 407	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA, 33125	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
 14 SEP 22 AM 11:54
 CLERK OF STATE
 TALLAHASSEE, FL

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

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 SEPTEMBER, 05, 2014



Signature of a member or authorized representative of a member

CECILIA BEATRIZ MASCIA

Typed or printed name of signee

FILED
2014 SEP 22 AM 11:54
CLERK OF STATE
TALLAHASSEE, FLORIDA