L13000174425

(Red	questor's Name)	
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COVER LETTER .

TO:	Registration Division of C				
eup IE/		JTO TRANSPORT LLC			
SUDJE	CT:	Name of Lim	ited Liability Company		
The encl	losed Articles	of Amendment and fee(s) are sub-	mitted for filing.		
Please re	eturn all corre	spondence concerning this matter	to the following:		
		CALCAGNO CARLOS I			
			Name of Person		
BNC AUTO TRANSPORT LLC					
Firm/Company					
248 THREE ISLAND BLVD # 301 Address					
			City/State and Zip Code		
	nachocalcagno23@gmail.com E-mail address: (to be used for future annual report notification)				
For furt	her informatio	E-mail address: (on concerning this matter, please co		lication)	
	OS I CALCAC	-			
	Nan	ne of Person	305 3184178at () Area Code Daytime	e Tetephone Number	
Enclose	d is a check fo	or 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

BNC AUTO TRANSPORT LLC				
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)			
he Articles of Organization for this Limited Liability Company	were filed on 12/18/2013	and assigned		
lorida document number L13000174425				
This amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liab	ility company here:			
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."		
nter new principal offices address, if applicable:	248 THREE ISLAND BLVD # 301			
Principal office address MUST BE A STREET ADDRESS)	HALLANDALE FL 33009			
		<u> </u>		
nter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)	248 THREE ISLAND BLVD # 301	SS 8 100 100 100 100 100 100 100 100 100 1		
	HALLANDALE FL 33009	771C 20 8Mg		
If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		er the name of the		
The state of the second st				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida	7: 0.1		
	City	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 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>	Address	Type of Action
MGR	ALBERTO DANIEL FEIJOO	248 Three Island Blvd # 301 Hallar	
			□ Remove
			Change
			Add
			Remove
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	on the date of filing:	cannot be prior to date of filin	ig or more than 90 days af		
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fective date, if other than effective date is listed, the date: If the date inserted in ocument's effective date or record specifies a define 90th day after that dated/2/29///\$	this block does not me the Department of Sta layed effective da e record is filed. Signature of a m	ate's records.	tive time, at 12:01	. a.m. on the earlie	er o

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