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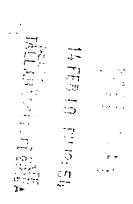
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Special Instructions to Filing Officer:					

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ASSESSIONS FEB 1 1 2014

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

BACI 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:

Bassam Chahine

Name of Person

BACI Transportation LLC

Firm/Company

1520 NE 40th Street

Address

Oakland Park, FL 33334

City/State and Zip Code

isachahine@bellsouth.net

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

For further information concerning this matter, please call:

Bassam Chahine

,,954,562-0755

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

BACI Transportation LLC			_	
(Name of the Limited Liability Compan (A Florida Limited Lia	bility Company)			
The Articles of Organization for this Limited Liability Company we Florida document number <u>L14000015814</u> .	vere filed on 01/29/2014	an	d assigr	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ty company here:			
BACI Transport Limited LLC				
The new name must be distinguishable and end with the words "Limited Liabil	ty Company," the designation "LLC" or the	abbreviat	ion "L.L.	.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
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 here:		r the na	ame of	the new
		F.O.	~-4	
Name of New Registered Agent:		<u> </u>		
New Registered Office Address:		7- **	1.2.2.1 2.2.2.1	
	Enter Florida street address		C	
	, Florida _		***	а.,
	City	Zip (Code	
New Registered Agent's Signature, if changing Registered Agent:			<u> </u>	• •
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	erformance of my duties, and I am	 familia	r with c	and

If Changing Registered Agent, Signature of New Registered Agent

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 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:

<u> </u>	<u>Name</u>	Address	Type of Action
<u>rrite</u>	Name	11841105	<u> </u>
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			LI Kelliove

If amending any other information, enter change(s) here: (Attach of the change)	additional sheets, if necessary.)
·	<u> </u>
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Fiorida Department of State)	(optional) cannot be more than 90 days after
February 5 2014	
Bassa Chehine	
Signature of a member or authorized representation Bassam Chahine	·
Typed or printed name of si	gnee

Page 3 of 3

Filing Fee: \$25.00