

L14 0000 19473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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AUG 20 2014

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 4, 2014

LILIANA ANDRADE
2049 POLO GARDENS DRIVE
WELLINGTON, FL 33414

SUBJECT: BAS TRANSPORT, LLC
Ref. Number: L14000019473

We have received your document for BAS TRANSPORT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Tammi Cline
Regulatory Specialist II

Letter Number: 114A00012009

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BAS TRANSPORT, 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:

LILIANA ANDRADE

Name of Person

BAS TRANSPORT, LLC

Firm/Company

2049 POLO GARDENS DRIVE

Address

WELLINGTON, FL. 33414

City/State and Zip Code

lilibela5@yahoo.com

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

For further information concerning this matter, please call:

LILIANA ANDRADE

Name of Person

at **(561) 410-4322**

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BAS TRANSPORT, LL

(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 02/04/2014 and assigned
Florida document number L14000019473

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FLORIDA SECRETARY OF STATE

This amendment is submitted to amend the following:

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

N/A

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:

(Principal office address MUST BE A STREET ADDRESS)

2049 POLO GARDENS DRIVE

WELLINGTON, FL. 33414

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2049 POLO GARDENS DRIVE

WELLINGTON, FL. 33414

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:

LILIANA ANDRADE

New Registered Office Address:

2049 POLO GARDENS DRIVE

Enter Florida street address

WELLINGTON

City

Florida 33414

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>
<u>MGR</u>	<u>PATRICIO BASTIDAS</u>	<u>10520 MARSH STREET</u>	<input type="checkbox"/> Add
		<u>WELLINGTON, FL. 33414</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>LILIANA ANDRADE</u>	<u>2049 POLO GARDENS DRIVE</u>	<input checked="" type="checkbox"/> Add
		<u>WELLINGTON, FL. 33414</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

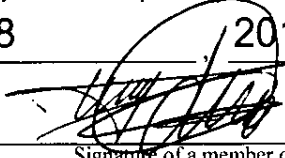
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JUDICIAL DISTRICT NO. 1
TALLAHASSEE, FLORIDA

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 **AUGUST 18** **2014**



Signature of a member or authorized representative of a member

Patricio Bastidas

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA