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SECRETARY OF STATES
AND ANASSES FROM

MAN 114

## **COVER LETTER**

TO: Registration Sec Division of Corp		* ************************************	
SUBJECT: Bance	e Transport LL	_C	
SCHOLL!	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Traci Bance		
		Name of Person	
	Bance Trans	<u>'</u>	
		Firm/Company	
	205 Palm St	reet	
		Address	<del></del>
	Windermere	, FL 34786	
		City/State and Zip Code	
	BanceTransportL	LC@gmail.com o be used for future annual report no	atification)
For further information co	ncerning this matter, please ca	•	onneation)
Michael Bar			0224
Name of		at (407) 608-	ime Telephone Number
Nume of	1 VISON	Med Code Days	mie reiephone rumber
Enclosed is a check for the	e 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

Dance Transport LLC	
(Name of the Limi	ted Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
	(Control Samuel Samuely)
The Articles of Organization for this Limited L	iability Company were filed on April 28, 2014 and assigned
Florida document number L14000070571	·
This amendment is submitted to amend the following	owing:
A. If amending name, enter the new name of	f 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."
	The second company, are congruenced as a continuous and a
Enter new principal offices address, if applic	cable:
(Principal office address MUST BE A STREE	ET ADDRESS)
Enter new mailing address, if applicable:	
•	nova.
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>
B. If amending the registered agent and registered agent and/or the new registered o	or registered office address on our records, <u>enter the name of the new</u>
registered agent and/or the new registered o	mice address here:
	Michael Bonco
Name of New Registered Agent:	Michael Bance
New Registered Office Address:	SA W
New Registered Office Address.	Enter Florida street address
	Florida City Rincode
New Registered Agent's Signature, if changing	22 22 22 22 22 22 22 22 22 22 22 22 22
New Registered Agent's Signature, if thanging	Negistered Agent:
	ed agent and agree to act in this capacity. I further agree to comply with the
	per and complete performance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S. Or, if this document is
	registered office address, I hereby confirm_that the limited liability
company has been notified in writing of this	

Page 1 of 3

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 **Title** <u>Name</u> <u>Address</u> **Type of Action** 205 Palm Street Traci Bance MGR ☐ Add Windermere, FI 34786 Remove ŧ □ Add ☐ Remove □ Add ☐ Remove ☐ Add ☐ Remove □ Add ☐ Remove

,	
	<del>.</del>
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	to date of receipt or filed date and cannot be more than 90 days after
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Filing Fee: \$25.00

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