140000	70571
(Requestor's Name) (Address) (Address)	100310940391
(City/State/Zip/Phone #)	03/26/1801014023 **25.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	THE MAR 26 PH 2: 24 SECAL TABLY OF STATE TALLAHASSEE FLORIDA
Office Use Only	WAR 27 MM RIS J. HARRIS

TO: Registration Section		۲	•
Division of Corporat			
Bance Transport, SUBJECT:		, <u> </u>	
	Name of Lim	ited Liability Company	
The enclosed Articles of Amen	dment and fee(s) are sub	mitted for filing,	
Please return all correspondenc	e concerning this matter	to the following:	
м	lichael Bance		
-	1	Name of Person	
B	ance Transport, LLC		
		Firm/Company	
	 )232 EVERGREEN HIL	LDR	
_	<u> </u>	Address	
T:	ampa, FL 33647		
		City/State and Zip Code	
bai	ncetransportllc@gmail.co	лп	
	E-mail address: (	to be used for future annual repo	rt notification)
For further information concern	ning this matter, please c	all:	
Michael Bance		407 608-9 at ( )	224
Name of Perso	n		Daytime Telephone Number
Enclosed is a check for the foll	owing amount:		
■ \$25.00 Filing Fee □	\$30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee, Certificate of Status &amp; Certified Copy (additional copy is enclosed)</li> </ul>
MAILING A Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Registration Division of C Clifton Build	Corporations ling ve Center Circle

		ORGANIZATION OF				
Bance Transport, LLC						
( <u>Nan</u>	ne of the Limited Liability Compa (A Florida Limited	<u>iny as it now appears on out</u> Liability Company)	• records.)			
The Articles of Organization for th		were filed on <u>04/28/2014</u>	4	and	l assigned	
Florida document number $\frac{L140000}{L140000}$	70571					
This amendment is submitted to an	aend the following:					
A. If amending name, <u>enter the i</u>	new name of the limited liab	ility company here:				
The new name must be distinguishable an	d contain the words "Limited Liabi	lity Company," the designation	on "LLC" or the abb	veviatio	n "L.L.C."	
Enter new principal offices addre	ess, if applicable:		<b>⊼</b> g:	201		_
 (Principal office address MUST B			E AN	12		
	<u> </u>		ASSEE U	R 26 PH		₹ 
Enter new mailing address, if ap	plicable:			13E 	and the second s	-
(Maiting address MAY BE A POS	<u>T OFFICE BOX)</u>			P-32	•••• ••	
B. If amending the registered registered agent and/or the new r			records, <u>enter 1</u>	t <u>he na</u>	<u>me of th</u>	<u>e nev</u>
Name of New Registered	Agent:					
New Registered Office A	ddress:					
		Enter Florida stree	n address			_
		City	, Florida	Zip C	ode	
New Registered Agent's Signature,	if changing Registered Agent:					
I hereby accept the appointment provisions of all statutes relative accept the obligations of my posi- being filed to merely reflect a cha company has been notified in wr	to the proper and complete ition as registered agent as ange in the registered office	performance of my du provided for in Chapter	ties, and I am fo 605, F.S. Or, 1	uniliar if this a	with and locument	

## MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	<b>Type of Action</b>
	James Matthew Bance	254 Mid Valley Rd.	🗅 Add
		Blowing Rock, NC 28605	Remove
		·····	Change
			Add
			Remove
			Change
	<u> </u>		🗅 Add
			Remove
			Change
			Q Add
			Remove
			Add Remove
			Change
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			Remove
		. <u></u>	Change
4 1			

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James Mathew Bance Typed or printed name of signee Page 3 of 3	Dated March 11 2018	ja na	
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Page 3 of 3	James Mathew Bance		
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Filing Fee: \$25.00	Page 3 of 3		
	Filing Fee: \$2	5.00	