

U5000051317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

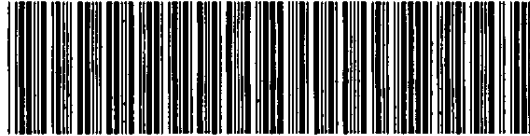
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 AUG 15 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 16 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POLA EXPRESS CARRIER 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:

JACOB VAKS
Name of Person

6215 26th. Ave. N.
Firm/Company
Address

St. Petersburg FL 33710
City/State and Zip Code

BENPOLAEXPRESS@GMAIL.COM.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JACOB VAKS at (305) 610 3450
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2016 AUG 15 PM 3:36

TALLAHASSEE, FL 32301

JH



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 27, 2016

BEN ZILBERSHTEYN
6215 26TH AVE NORTH
ST PETERSBURG, FL 33710

SUBJECT: POLA EXPRESS CARRIER LLC
Ref. Number: L15000051317

FILED
16 AUG 15 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for POLA EXPRESS CARRIER LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P00000026236.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 416A00011312



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2016 MAY 24 PM 1:44

May 11, 2016

BEN ZILBERSHTEYN
6215 26TH AVENUE NORTH
ST PETERSBURG, FL 33710

SUBJECT: POLA EXPRESS CARRIER LLC
Ref. Number: L15000051317

We have received your document for POLA EXPRESS CARRIER LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 016A00009964

16 AUG 15 AM 11:08
DIVISION OF STATE
TALLAHASSEE, FLORIDA

FILED

245 6051
~~BJ LOGISTICS~~
BJ TRANSPORT LLC

www.sunbiz.org

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

POLA EXPRESS CARRIER LLC

(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 03/23/2015 and assigned Florida document number L15000051317.

This amendment is submitted to amend the following:

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

B & J TRANSIT LLC

The new name must be distinguishable and contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 AUG 15 AM 11:08
B & J TRANSIT LLC

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:

New Registered Office Address:

Enter Florida street address

, Florida

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUN 11 11:00 AM '15

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 06/08, 2016
Naresh

JACOBI

VAKS

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TALLAHASSEE, FLORIDA