L15000062880

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone	· #)
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(Business Entity Nam	ne)
(Document Number)	
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COVER LETTER

Registration S Division of Co.	egion rporations	:	KL*
BUS2GO	LLC		
SUBJECT:	Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	TATIANA A DURAN		
	,	Name of Person	
	BUS2GO LLC		•
		Firm/Company	
	11813 MINTWOOD CT		
		Address	
	ORLANDO FL 32837		
		City/State and Zip Code	
	BUS2GO@HOTMAIL.CO		
•	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
TATIANA A DURAN		407 7319840 at ()	
Name (of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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

FILED

2015 MAY 18 AM 10: 46

BUS2GO LLC

SECRETARY OF STATE

TALL AHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

	were filed on 04/19/2015	and assigned
Florida document number L1500062880		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
		·
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:		ecords, <u>enter the name of the new</u>
New Registered Office Address.	Enter Florida street	address
		Florida
·	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent	•	Zip Code

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ANDRES H SANCHEZ	11813 MINTWOOD CT	■ Add
		ORLANDO FL 32837	Remove
			Change
			Add
			Remove
			☐ Change
			□ Remove
			Change
			Remove
			Change
			Add
		· 	☐ Remove
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		SECONAL TANK
		WIASSEE.
		FLORDE FLORDE
		一
(If an effective date is listed, the date mu	date of filing: t be specific and cannot be prior to date of filing or more ock does not meet the applicable statutory filing repartment of State's records.	than 90 days after filing.) Pursuant to 605.0207 (3)(b
the record specifies a delayed The 90th day after the rec	l effective date, but not an effective timord is filed.	e, at 12:01 a.m. on the earlier of:
Dated MAY 12	. 2015	
Tata	Signature of a member or authorized representative of	a member
TATIANA A DURAN		
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00