

LIS0000175852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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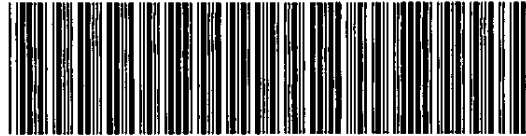
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W. Culligan

NOV 16 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BBS LOGISTICS 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:

ALICIA GRIFFIN

Name of Person

BETHEL BUSINESS SOLUTIONS

Firm/Company

1426 W BUSCH BLVD SUITE 101

Address

TAMPA FL 33612

City/State and Zip Code

ALICIA@BETHELBUSINESSSOLUTIONS.COM

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

For further information concerning this matter, please call:

ALICIA GRIFFIN

Name of Person

813 374-2427
at ()

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

Page 1 of 3

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>
MGR	CYNTHIA HAMPTON	1928 NE 18TH STREET	☒ Add
		CAPE CORAL , FL 33909	☐ Remove
			☐ Change
MGR	ALICIA GRIFFIN	1426 W BUSCH BLVD SUITE 10	☐ Add
		TAMPA, FL 33647	☐ Remove
			☒ Change
AMBR	JASMINE FENNIE	2104 CANAL STREET	☒ Add
		HOUSTON, TX 77003	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: 11/10/2015 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated NOVEMBER 12, 2015
Alicia Griffin
Signature of a member or authorized representative of a member
Alicia Griffin
Typed or printed name of signee