

L16000154360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4085



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 7, 2017

BARBARA BETTS
5001 NW 179 ST
MIAMI GARDENS, FL 33055

SUBJECT: B & C TRANSPORTER OF SOUTH FL LLC
Ref. Number: L16000154360

RECEIVED
2017 FEB 22 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for B & C TRANSPORTER OF SOUTH FL LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 717A00002426

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: B & C Transporter of South FL 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:

Barbara Betts

Name of Person

N/A

Firm/Company

5001 NW 179 St

Address

Miami gardens Florida 33055

City/State and Zip Code

ofc betts@gmail.com

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

For further information concerning this matter, please call:

Barbara Betts

Name of Person

at (786)

Area Code

253 1778

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 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

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

BEC Transporter of South FL 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 8-17-2016 and assigned Florida document number L16000154360

This amendment is submitted to amend the following:

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

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)

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TALLAHASSEE, FLORIDA

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>
<u>CEO</u>	<u>Barbara Betts</u>	<u>5001 NW 179st</u>	<input type="checkbox"/> Add
		<u>miami gardens, Fl</u>	<input checked="" type="checkbox"/> Remove
		<u>33055</u>	<input type="checkbox"/> Change
<u>T</u>	<u>Barbara Betts</u>	<u>5001 NW 179st</u>	<input type="checkbox"/> Add
		<u>miami gardens Fl</u>	<input checked="" type="checkbox"/> Remove
		<u>33058</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Barbara Betts</u>	<u>Barbara Betts</u>	<input type="checkbox"/> Add
		<u>5001 NW 179st</u>	<input checked="" type="checkbox"/> Remove
		<u>miami gardens Fl</u>	<input type="checkbox"/> Change
		<u>33058</u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

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 February 10, 2017.

Barb Bett

Signature of a member or authorized representative of a member

Barbara Betts

Typed or printed name of signee