

L16000155049

(Requestor's Name)

(Address)

(Address)

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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GOOD SHEPHERD TRANSPORTATION SERVICES 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:

Wessam Beshay

Name of Person

Firm/Company

2009 Honeybell Ave

Address

Haines City, FL 33844

City/State and Zip Code

wesamrefat930@hotmail.com

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

For further information concerning this matter, please call:

Wessam Beshay

863 4097757
at ()

Name of Person

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

GOOD SHEPHERD TRANSPORTATION SERVICES LLC

The Articles of Organization for this Limited Liability Company were filed on 8-18-2016 and assigned Florida document number L16000155049.

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>
AMBR	Wessam Beshay	2009 Honeybell Ave Haines City, fl	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

16 OCT 28 AM 10:14
DEPT. OF STATE
WASH. D.C.
FLORIDA

16 OCT 28 AM 10:47
STATION OF STAFF
ALLAHMASSEE, FLORIDA

E. Effective date, if other than the date of filing: 10-24-2016 (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 10-24, 2016

W. H. Bess

Signature of a member or authorized representative of a member

WESSAM BESHAM
Typed or printed name of signee

Typed or printed name of signee.