

**L17000002790**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**500299055985**

05/17/17--01019--026 \*\*25.00

**FILED**  
2017 MAY 17 AM 10:14  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAY 18 2017  
**J. HARRIS**

May 15, 2017

To whom it may Concern:

This letter is to request the appropriate changes be made to amend the filing for BCC Auto Traders, LLC,

This is a necessary requirement to satisfy the Florida Department of Motor Vehicles in order to obtain proper licensing.

My return address is


516 4<sup>th</sup> St NW

Fort Meade, FL 33841

I can be reached at 863-285-7010.

Thank you in advance for your help with this matter.

Kind Regards,

  
Logan Bostick

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BCC Auto Traders, 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:

Logan Bostick

\_\_\_\_\_  
Name of Person

BCC Auto Traders, LLC

\_\_\_\_\_  
Firm/Company

516 4th ST NW

\_\_\_\_\_  
Address

Fort Meade, FL 33841

\_\_\_\_\_  
City/State and Zip Code

lbostick@southern Salvage Inc.com

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

For further information concerning this matter, please call:

Logan Bostick

863

285-7010

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

BCC Auto Traders, LLC

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	Logan Bostick	516 4th ST NW	<input type="checkbox"/> Add
		Fort Meade, FL 33841	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Matthew McCulley	516 4th ST NW	<input type="checkbox"/> Add
		Fort Meade, FL 33841	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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 TALLAHASSEE FLORIDA

[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 \_\_\_\_\_, \_\_\_\_\_

Logan Bostick  
Typed or printed name of signee

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