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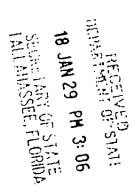
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# **COVER LETTER**

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	Registration Division of C				
CIID IE	BSC Trai	nsport, LLC			
SUBJEC	-1: <u> </u>	Name of Lim	nited Liability Company		
The encl	osed Articles o	of Amendment and fee(s) are sub	omitted for filing.		
Please re	tum all corres	pondence concerning this matter	to the following:		
		James Wethington			
		·	Name of Person		
		BSC Transport, LLC			
			Firm/Company		
		14338 Big Spring St.			
		······································	Address	20.	
		Jacksonville, FL, 32258		2018 JAN SECRETALLAINA	1
		jdseaturtle@aol.com	City/State and Zip Code	29 SSEE	FILED
		E-mail address: (	to be used for future annual report notifi		U
For furth	er information	concerning this matter, please ca	all:	STATE LORIGINAL	
James W	/ethington	_	734 516-1023 ai ()	ॐ ङ	
	Name	e of Person	Area Code Daytime	Telephone Number	
Enclosed	I is a check for	the following amount:			
\$25.0	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

Company as it now appears on o Limited Liability Company)	ur records.)	
impany were filed on May 09,	2017 and assigned	
_·		
ed liability company here:		
ed Liability Company," the designat	tion "LLC" or the abbreviation "L.L.C."	
<u> </u>		
	ZIII JAN 29 P 3	
ered office address on our ess here:	records, enter the name of the ne	
Enter Florida street address		
City	, Florida	
	ed liability company here: ed Liability Company," the designates:  ESS)  ered office address on our ess here:	

## 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>	Type of Action
Partner	Felix Galindo	631 Crestway Dr.San Antonio, TX.	<b>=</b> Add
		78239	☐ Remove
			Change
			☐ Remove
			□ Change
			□ Add
			□ Remove
			≥a <b>B</b> Change
			ただ 著 一
			TDRemovers
			GChange
<del></del> -			
		<del></del>	Remove
			Change
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			□ Remove
			Change

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	<u> </u>
ective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date of filitie: If the date inserted in this block does not meet the applicable statutor current's effective date on the Department of State's records.	ing or more than 90 days after filing.) Pursuant to 605.020
record specifies a delayed effective date, but not an effective date, but not an effective date.	ctive time, at 12:01 a.m. on the earlier o
cd 1/29748	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00