

L17000235077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

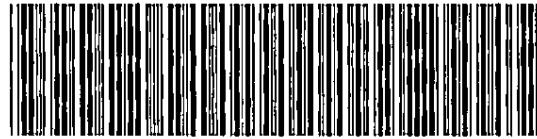
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JAN 29 PM 4: 09

K. SALY
JAN 30 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: B-LU TRUCKING 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:

ROBERT J BOWERS

Name of Person

Firm/Company

551 LAKE TIVOLI BLVD, APT G

Address

KISSIMMEE, FL. 34741

City/State and Zip Code

robert_bowers@outlook.com

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

For further information concerning this matter, please call:

ROBERT J BOWERS

386 688-0475

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

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

FILED
OFFICE OF STATE
DIVISION OF CORPORATIONS
18 JAN 29 PM 4:09

B-LU TRUCKING 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 11/14/2017 and assigned
Florida document number L17000235077.

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) _____

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>
AP	LUCIA G BOWERS	551 LAKE TIVOLI BLVD APT G	<input type="checkbox"/> Add
		KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LUCIA D ZULUAGA GOMEZ	551 LAKE TIVOLI BLVD APT G	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34741	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROBERT J BOWERS	551 LAKE TIVOLI BLVD	<input type="checkbox"/> Add
		KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROBERT J BOWERS	551 LAKE TIVOLI BLVD APT G	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34741	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JUN 29 PM 4:09

18 JAN 27

18 JAN 29 PM 4:09
DIVISION OF CORRECTIONS
STATE OF CALIFORNIA

(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)

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.

2017

Signature of a member or authorized representative of a member

ROBERT J. BOWERS
Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 27, 2017

ROBERT J BOWERS
551 LAKE TIVOLI BLVD, APT. G
KISSIMMEE, FL 34741

SUBJECT: B-LU TRUCKING LLC
Ref. Number: L17000235077

We have received your document for B-LU TRUCKING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return 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.

Karen A Saly
Regulatory Specialist II

Letter Number: 117A00026170

RECEIVED
JAN 29 2018