

L18000068608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

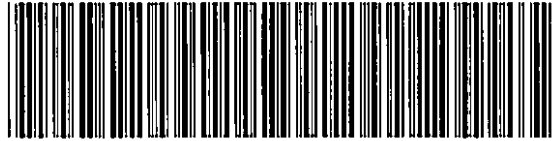
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CALLER *M. Menghistab*
PERMISSION GIVEN TO CORRECT
DOCUMENT BY
ON THIS DATE *8/6/18*

WSP

Office Use Only



100314201431

06/14/18--01015--006 **25.00

FILED
2018 AUG -6 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FL

W1800055824

(Call me)

WCS
8-16-18



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 17, 2018

MEKONEN MENGHISTUAB
1233 WOODFIELD OAKS DR
APOPKA, FL 32703 US

SUBJECT: MBM TRANSPORTATION, LLC
Ref. Number: L18000068608

You failed to make the correction(s) requested in our previous letter.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Janeice L Smith
Regulatory Specialist II
Registration Section

Letter Number: 218A00014494



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 15, 2018

MEKONEN MENGHISTUAB
1233 WOODFILED OAKS DR
APOPKA, FL 32703 US

SUBJECT: MEKONEN MENGHISTUAB
Ref. Number: L18000068608

We have received your document for MEKONEN MENGHISTUAB and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

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.

Janeice L Smith
Regulatory Specialist II
Registration Section

Letter Number: 918A00012493

10

RECEIVED
2018 JUN 29 AM 10:30
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MBM TRANSPORTATION,LL

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:

MEKONEN MENGHISTUAB

Name of Person

MBM TRANSPORTATION,LLC

Firm/Company

1233 WOODFIELD OAKS DR

Address

APOPKA FLORIDA 32703

City/State and Zip Code

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

For further information concerning this matter, please call:

MEKONEN MENGHISTUAB

Name of Person

at (407)

Area Code

452 9054

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**

MBM TRANSPORTATION,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 03/15/2018 and assigned
Florida document number L18000068608.

This amendment is submitted to amend the following:

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

~~MEKONEN MENGHISTUAB~~

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:

1233 WOODFIELD OAKS DR

(Principal office address MUST BE A STREET ADDRESS)

APOPKA FL 32703

Enter new mailing address, if applicable:

N A

(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:

MEKONEN MENGHISTUAB

New Registered Office Address:

1233 WOODFIELD OAKS DR

Enter Florida street address

APOPKA

Florida 32703

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.

Mekonen Menghistuab

If Changing Registered Agent, Signature of New Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FL

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	MEKONEN MENGHISTUAB	1233 WOODFIELD AOKS DR APOKKA, FL 32703	<input checked="" type="checkbox"/> Add
			<input 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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2018 AUG -6 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I need to add : MEKONEN MENGHISTUAB as authorized person of this company.

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2018 AUG -6 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: 06/08/2018 (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 June 8th, 2018

Mekonen Menghistuab
Signature of a member or authorized representative of a member

MEKONEN MENGHISTUAB

Typed or printed name of signee