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RECEIVED MAY 1 4 2018

SECRETARY OF STATE DIVISION OF CORPORATIONS

N COOPER MAY 1 6 2018

COVER LETTER

TQ:	Registration of C			
SUBJE		Bus Services of Manatee Cour	nty LLC,	
SOBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all corres	pondence concerning this matter	to the following:	
		Corie Markell Holmes		
			Name of Person	
		School Bus Services of	Manatee County LLC,	
		 	Firm/Company	
		6109 64th Drive East		
			Address	
		Palmetto, Florida 34221	I	
			City/State and Zip Code	
		Holmescm@hotmail.com		
			to be used for future annual report noti	fication)
For furti	her informatior	concerning this matter, please ca	all:	
Corie F	lolmes		941 776-7789 at ()	
	Name	e of Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for	the following amount:		
\$25	.00 Filing Fee	☐ \$30.00 Filing Fec & 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**

Se	chool Bus Services of Manatee County LLC,	
(Name of the Lin	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
Florida document numberL18000080424 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 "LLC" 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	and assigned	
rida document numberL18000080424 s amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." ter new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS)		
A. If amending name, enter the new name	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) so of Organization for this Limited Liability Company were filed on	
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 appli	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
		SION SION SION SION SION SION SION SION
		OF ARE
Enter new mailing address, if applicable:		N ROC
(Mailing address MAY BE A POST OFFICE	E BOX)	7 ON 1
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC 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 registered agent and/or the new registered office address here: Name of New Registered Agent: N/A	Maria San	
		er the name of the nev
Name of New Registered Agent:	N/A	
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing	,	

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>	Address	Type of Action
MGR	Gwendolyn Holmes McElroy	620 29th Street E Palmetto,FL.3-122-1	Add
			Remove
			☐ Change
	· .		Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
			Remove
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	-		
			Remove
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fective date, if other t	nan the date of filing:date must be specific and cannot		(optional)		
an effective date is listed, the ote: If the date inserted i	date must be specific and cannot this block does not meet the	be prior to date of filing of applicable statutory fi	r more than 90 days after filing. ling requirements, this date) Pursuant to 6 will not be li	05.0207 st e d as
ocument's effective date	n the Department of State's r	ecords.			
e record specifies a	elayed effective date, b	out not an effective	e time at 12:01 a m	on the ear	lier of
The 90th day after	he record is filed.		3 time, de 22.02 dimi	on the oar	
_ MAY 9	2018	3			
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Typed or printed name of signee

Filing Fee: \$25.00