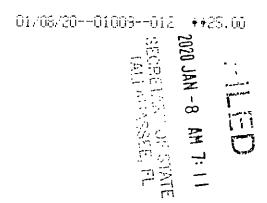
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration S Division of Co			
BUSHOV SUBJECT:	V LLC	r	
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	amitted for filing	
	oondence concerning this matter	<u>-</u>	
	MIRANDA MARLECI		
		Name of Person	
	MIRANDA MARLECI C	PA PA	
		Firm/Company	
	600 BYPASS DR, STE 11	6	
		Address	·
	CLEARWATER FL 3376	4	
		City/State and Zip Code	
	MM@MMARLECICPA.C	OM to be used for future annual report notil	· · · · · · · · · · · · · · · · · · ·
For further information	concerning this matter, please c	·	incation)
MIRANDA MARLEC	•		
	of Person	at () 216-3376	e Telephone Number
Name	or retson	Area Code Daytime	e 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 Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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10

BUSHOW LLC		020
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	THE RESERVE TO THE PERSON OF T
The Articles of Organization for this Limited Liability Company	were filed on 05/15/2018	and assigned
Florida document number L18000121519		
This amendment is submitted to amend the following:		, PATE
A. If amending name, enter the new name of the limited liab	and assigned and a	
MH TRANS EXPRESS LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2454 ENTERPRISE ROAD, APT	· 5
(Principal office address MUST BE A STREET ADDRESS)	CLEARWATER FL 33763	
Enter new mailing address, if applicable:	2454 ENTERPRISE ROAD, APT	`5
(Mailing address MAY BE A POST OFFICE BOX)	CLEARWATER FL 33763	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	CLEARWATER FL 33763 gent and/or registered office address on our records, enter the name of the new registered office address here: Agent:	
	, Flori	
	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 Title Name **Address Type of Action** _____ 🗆 🗀 Add □Remove □ Change \square Add Remove, □-**!**dd ☐Remove □ Change _____ □Change __ 🗆 Add Remove __ 🗆 Add

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Note: If	e date, if other to tive date is listed, the the date inserted at's effective date	e date must be sp in this block de	secific and ca oes not mee	annot be prior et the applica	to date of filing	or more than 9	(option 0 days after forments, this	iling A Pursi	uant to 605.0	0207 (d as t
e record s rd is filed	specifies a delayed 1.	d effective date	. but not ar	n effective ti	ne, at 12:01 a	.m. on the ea	rlier of: (b)	The 90th	ı day after	the
		/3		2020 4	<u>2</u> .					
Dated			1 WAT	/						
Dated		Signa	1/1/11	/	rized represents	ntive of a mem	ber			

Filing Fee: \$25.00