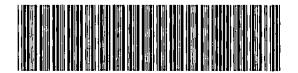
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TO:	Registration So Division of Cor			ž. - Я
SUBJEC	FCS Shuttle	e Transportation LLC	•	•
SOBJE.C	~1·	Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Omar Ruiz Jr.		
			Name of Person	
		FCS Shuttle Transportation	n I.I.C	
			Firm/Company	
		PO BOX 690867		
			Address	
		Orlando, FL 32869		
	-		City/State and Zip Code	
		omar@floridabusservice.co	m to be used for future annual report not	(ification)
For furth	er information c	oncerning this matter, please c	·	incarion,
Omar Ru	uiz Jr		407 8082275 at ()	
	Name o	f Person		ne Telephone Number
Enclosed	l is a check for th	ne 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 Addres Registration S		<u>Street Address:</u> Registration Sc	ection
	Division of C		Division of Co	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FCS Shuttle Transportation LLC

company has been notified in writing of this change.

(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 $\frac{9/03/2019}{}$ and assigned Florida document number L19000222554 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Florida Bus Service, LLC 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: (Muiling 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 City 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

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
			□Add
			Remove
			☐ Change
			□Add
			□Remove
			☐Change
			□Add
-			□Remove
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Affective date, if other than the fan effective date is listed, the date in Sote: If the date inserted in this document's effective date on the	błock does no	it meet the appl	icable statutory fil	more than 90 days ing requirements,	ptional) after filing.) Pursuant this date will not b	to 605.0207 se listed as
record specifies a delayed effect d is filed.	tive date, but r	iot an effective	time, at 12:01 a.n	n, on the earlier of	f: (b) The 90th day	y after the
		2022				
April 20		-· 	·			
Dated April 20		_·	 _/^/	//_		 -
Dated April 20	Circuit	_·	horized representati			

Filing Fee: \$25.00