

120 000366908

(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:

Office Use Only



300371773563

2021 AUG 15 PM 3:39
AUG 15 2021

ja

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A to B Transit 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:

Glennisha Bras
Name of Person

A To B Transit LLC
Firm/Company

2410 Braemar Drive
Address

Missimnee, FL, 34743
City/State and Zip Code

atobtransits@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Glennisha Bras at (321) 217 8449
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Glick
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>
AMBR	Glennisha Bras	2410 Braemar Dr.	<input checked="" type="checkbox"/> Add ^{MB}
		Kissimmee Fl, 34743	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input 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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2021 JUN 16 PM 3:09
FBI - TAMPA

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

Changing - President to AMBR
Glennisha Bras

2016 AUG 16 PM 3:39

E. Effective date, if other than the date of filing: _____ (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 _____


Signature of a member or authorized representative of a member

Glennisha Bras
Typed or printed name of signee

Glennisha Bras

407-277-8449

PO Box 771620

Mando FL 32877