L21000054305

| (Re | questor's Name) | |
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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 28, 2021

WILLIE STEPHENS 10500 RED COACH ST SPRING HILL, FL 34608

SUBJECT: BENDER'S TRANSPORTATION SERVICES, LLC

Ref. Number: L21000054305

We have received your document for BENDER'S TRANSPORTATION SERVICES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return 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) 245-6050.

Letter Number: 421A00008746

Octavia L Simmons
Regulatory Specialist II Supervisor

COVER LETTER

TO:

Registration Section

| Div | ision of Cor | porations | | |
|----------------|--------------------------|--|---|--|
| | Bender's Tr | ansportation Services, LLC | | |
| SURJECT: | | Name of Lim | ited Liability Company | ···· |
| The england | l Amialan af | A d d | mitted for films | |
| the enclosed | Articles of | Amendment and fee(s) are sub | imitted for itting. | |
| Please return | all correspo | ndence concerning this matter | to the following: | |
| | | Willie F. Stephens | | |
| | | | Name of Person | |
| | | Bender's Transportation So | ervices, LLC | |
| | | | Firm/Company | |
| | | 10500 Red Coach Street | | |
| | | | Address | |
| | | Spring Hill, Fl. 34608 | | |
| | | - | City/State and Zip Code | |
| | | benderstransporting@yahoo | o.com | |
| | | E-mail address: (| to be used for future annual report not | dification) |
| For further it | nformation c | oncerning this matter, please c | all: | |
| Willie F. Ste | phens | | 352 515-4707 | |
| | Name of | f Person | | ne Telephone Number |
| | | | | |
| Enclosed is a | check for th | e following amount: | | |
| □ \$25.00 F | iling 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) |
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| | ling Addres | | Street Address: | |
| - | gistration S | | Registration Se | |
| | ision of Co. Box 632 | orporations 7 | Division of Co The Centre of | • |
| | i Box 032 lahassee, F | | | pe Street, Suite 810 |
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bender's Transportation Services, LLC

2021 JUN 23 AHII: 24

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

| | (A Fiorida Cilitted Blaomty Company) | 1.47 |
|---|---|---------------------------|
| The Articles of Organization for this Limited L Florida document number L21000054305 | Liability Company were filed on 1-29-2021 | and assigned |
| This amendment is submitted to amend the following | lowing: | |
| A. If amending name, enter the new name of | 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 "L.L.C." |
| Enter new principal offices address, if applie | cable: | |
| (Principal office address MUST BE A STREE | ET ADDRESS) | · |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | BOX) | |
| B. If amending the registered agent and/or agent and/or the new registered office addre | registered office address on our records, enter the ess here: | name of the new register |
| Name of New Registered Agent: | Wykenna M. Stept | un5 |
| New Registered Office Address: | 10500 Red Coach ST Enter Florida street address | <u></u> |
| | Spring Hill Florid | a 34 608 |
| No. 10 to a late of the Change of the Constitution | Doubleton of Accomp. | |

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 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> 2021 JUN 23 AH11: 24 | Type of Action |
|--------------|---------------------|-------------------------------------|----------------|
| AMBR | Willie M. Stephens | 10500 Red Coach Street | |
| | | Spring Hill, Fl. 34608 | Remove |
| | | | □Change |
| AMBR | Wykenna M. Stephens | 10500 Red Coach Street | = Add |
| | | Spring Hill, Fl. 34608 | □ Remove |
| | | | □Change |
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| I would also | like to change the add | dress of the AP listed blelow. | 2921 JUN 23 | AH 11: 24 |
|--|------------------------|-------------------------------------|---------------------------------|--|
| Old Address: | AP Wykeeta Stepho | ens, 707 W. Fribley ST, Tampa | , Fl. 33603 | |
| New Address | s: AP Wykeeta Steph | ens, 2602 N. 12th St, Tampa, F | . 33605 | |
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| reffective date is I te: If the date in | serted in this block d | e of filing: | filing or more than 90 days aft | |
| cord specifies a | delayed effective date | e, but not an effective time, at 12 | 2:01 a.m. on the earlier of: | (b) The 90th day after the |
| | | 0.01 | | |
| ted JUA | e 21 111 | 1021. | tophino | |