

L21000143732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

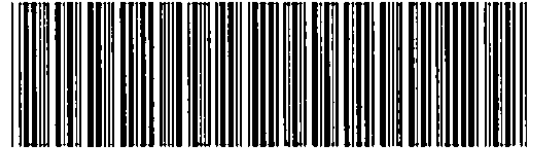
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2022 NOV 28 AM 11:48  
STANDARD TIME  
UNITARY

# COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: BCS Auto Transport 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:

Antonio G Martin  
Name of Person

Antonio G Martin CPA LLC  
Firm/Company

36 Brookhill Ave  
Address

Edison, NJ 08817  
City/State and Zip Code

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

For further information concerning this matter, please call:

Antonio G. Martin 732 - 501-7506  
Name of Person at ( Area Code ) Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

2022 NOV 28 AM 11:48  
SECRET  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

BCS Auto Transport LLC

(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 March 29, 2021 and assigned Florida document number L21000143732.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

13551 Brookwater Dr

Jacksonville, FL 32256

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

13551 Brookwater Dr

Jacksonville, FL 32256

**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:

Luiz C Bernardo

New Registered Office Address:

13551 Brookwater Dr

*Enter Florida street address*

Jacksonville

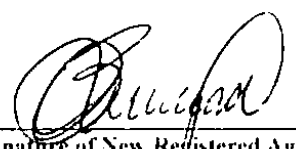
*City*

Florida 32256

*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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Luis C Bernardo	13551 Brookwater Dr	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32256	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Bruno C Sequeira	10764 70th Ave	<input type="checkbox"/> Add
		Seminole, FL 33772	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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SECRET  
FBI

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and ~~not~~ be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020

**Note:** If the date inserted in this block does not comply with applicable statutory filing requirements, this date will not be listed; document's effective date on the Department'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 \_\_\_\_\_ day after the record is filed.

Dated

11/16/2022

Bruno C Sequeira

Signature of a member or authorized representative of a member

Bruno C Sequeira

Typed or printed name of signee

Filing Fee: \$25.00