Division of Corporations Electronic Filing Cover Sheet

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(((H210004159393)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAXMY'S CARRIER SERVICES

Account Number : I20040000007 : (305)640-0281 Fax Number : (305)489-2902

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

**BST FREIGHT LLC** 

Entranguation was recovered and personal representation and an ex-	and the second section of the second
Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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Corporate Filing Menu

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## **COVER LETTER**

TO: Registration S Division of Co				
BST FREI	GHT LLC			
SUBJECT:  Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	DIANA M SUSPES			
		Name of Person		
	BST FREIGHTLLC			
		Firm/Company		
	16055 NW 64TH AVE A	PT 215		
		Address		
	MIAMIA LAKES FL 330	14		
	-	City/State and Zip Code		
	GAIL.LAXMYSCARRIER	RS@GMAIL.COM  (to be used for future snaval repor	(notification)	
For further information of	concerning this matter, please o	•	,	
LAXMY CHACON		305 640-028		
Name c	of Person	Area Code D:	aytime Telephone Number	
Enclosed is a check for t	he following amount:			
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee &    Certified Copy    (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration !		Street Addres		
Division of Corporations			Registration Section Division of Corporations	
P.O. Box 6327		The Contra	4	

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BST FREIGHT LLC		
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our record rida Limited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Florida document number 42000377		and assigned
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the i	imited liability company here:	
The new name must be distinguishable and contain the words "l	Limited Liability Company," the designation "LEC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:	10.00	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address here  Name of New Registered Agent:	red office address on our records, <u>enter</u> g:	the name of the new registered
New Registered Office Address:	Enter Florida street addi ex	
	, Flo	rida
New Bester, day, of Ct.	City	Zip Code
New Registered Agent's Signature, if changing Registe		<u> </u>
I hereby accept the appointment as registered agenorovisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	complete performance of my duties, an agent as provided for in Chapter 605, I week office address, I hereby confirm that	d I am familiar with and E.S. Or, if this document is
	If Changing Registered Agent, Signature of	New Registered Agent

To: +18506176383 · ·

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2021-11-11 15:33:54 GMT

13054892902

From: LAXMY CHACON

## 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
MGR	JORGE G LOPEZ SANCHEZ	16055 NW 641H AVE APT 215	———— ≅Add
		MIAM! LAKES FL 33014	@Remove
			[] Change
			□Remove
			Change
			□Add
		©Remove	
		☐ Change	
		Remove	
			Change
			∐Add
		□Remove	
			□Сһипде
		Remove	
		☐ Change	

From: LAXMY CHACON

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	**************************************
,	
E. Effective date, if other than the date of filing:  (op that effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days all Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	ter filing.) Pursuant to 605,0207 (31)
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ecord is filed.	(b) The 90th day after the
ATH OF MONEY AND	기 : : : : : : : : : : : : : : : : : : :
Dated 9TH OF NOVEMBER 2021	AUN IZ
	7
Signature of a member or sufficienced representative of a member	(*) M
DIANA M SUSPES	<del></del>
Typed or printed name of signee	<u>ි.</u> වේක ක්