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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAXMY'S CARRIER SERVICES

Account Number : I2004000007 Phone : (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**

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M. SOLOMON MAR 3 1 2023

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### **COVER LETTER**

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SUBJEC	BST FREI	GHT LLC  Name of Lit				
308.75.0	·!:					
The encic	osed Articles of	f Amendment and fee(s) are sui	bmitted for filing.			
Please ret	turn all corresp	ondence concerning this matter	to the following:			
		LUCAS C GUARRO				
			Name of Person			
		BST FREIGHT LLC				
			Firm/Сопцэапу			
		3785 NW 82ND AVE			<b>.</b>	
			Address		2 <b>023</b>	
		DORAL FL 33166			2023 MAR 30 Selectary	
		GAILLAXMYSXARRÆ	City/State and Zip Code			!
			to be used for future armual report not	itication)	PH 1:25	
For furthe	r information o	oncerning this matter, please c	ali:		: <b>25</b>	
LAXMY	CHACON		305 640-0281		. 01	
	Nume o	f Person	Area Code Daytin	se Telephone Number	_	
Enclosed i	is a check for th	ne following amount:				
≣ \$25.00	0 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing F Certificate of S Certified Copy (additional copy i	Status & V	
R	Tailing Addres Legistration S Division of C	Section	<u>Street Address:</u> Registration Se Division of Cor			

P.O. Box 6327 Tallahassee, FL 32314

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

#### From: LAXMY CHACON

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BST FREIGHT LLC		
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our recorded Liability Company)	rds.)
The Articles of Organization for this Limited Liability Compa	any were filed on 08/23/2021	and assigned
Florida document number LQ1000311683		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		202
		14 TA AR
Enter new mailing address, if applicable:		55 Z
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
		7 3
		95 <del>-</del>
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	5.5
		orida
New Registered Agent's Signature, if changing Registered Agen	City	Zip Code

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

Page: 5 of 6

Title	Name	Address	Type of Action
MGR	JORGE G LOPEZ SANCHEZ	1201 MARSELLE DR APT 19	
		MIAMI BEACH FL 33141	□Remove
			E Change
мвк	LUCAS C GUARRO	3785 NW 82ND AVE	æ∧dd
		DORAL FL 33166	
			Change St. Chic TAR 30 PH
			□ □ Change : 25
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			□Remove
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Property of the experience			☐Add
			]Remove
			□Change

Typed or printed name of signee