

L21000404457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

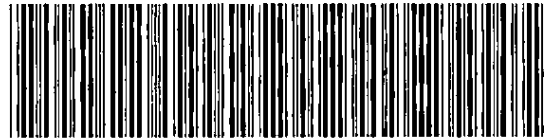
(Business Entity Name)

(Document Number)

ed Copies _____ Certificates of Status _____

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12/09/22--01005--014 **25.00

A. BUTLER

DEC - 9 2022

RECEIVED

2022 DEC - 9 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC - 9 2022
PM 1:05
STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: B.M.A. 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:

Alays Balmaseda Mesa
Name of Person

B.M.A. TRANSPORT LLC
Firm/Company

4901 EASTWOOD GREENS ST. #308
Address

FORT MYERS, FL 33905
City/State and Zip Code

AlaysBalmaseda7@gmail.com
Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alays Balmaseda Mesa at (239) 295-6583
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

B.M.A Transport LLC 2022 DEC -9 PM 1:05
(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 9/13/2021 and assigned
Florida document number LC21000404457

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)

4901 EAST WOOD GREENS STREET
APT 308
FORT MYERS, FL 33905

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4901 EAST WOOD GREENS STREET
APT # 308
FORT MYERS, FL 33905

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:

Alays Balmaseda Mesa

New Registered Office Address:

4901 EAST WOOD GREENS STREET #308

Enter Florida street address

FORT MYERS

Florida

33905

City

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 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 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>
Manager	Ellen Alicea	4901 ^{EASTWOOD} GREENS STREET	<input type="checkbox"/> Add
		APT # 308, FORT MYER, FL 33905	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Manager	Alay Balmaseda Mesa	4901 EASTWOOD GREENS ^{STREET}	<input checked="" type="checkbox"/> Add
		APT # 308, FORT MYERS FL 33905	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Alays Balnaseda Mesa
Typed or printed name of signer

Typed or printed name of signee

Filing Fee: \$25.00