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(Business Entity Name)
(======================================
(Document Number)
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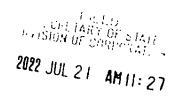
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COVER LETTER

TO: Registration S Division of Co				
	Transport Of Florida LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	condence concerning this matter	to the following:		
	James Bruce			
		Name of Person		
	BWTOF			
	 	Firm/Company		
	294 Oak Park Place			
	#1" - 48+	Address		
	Casselberry, Florida 3270	7		
		City/State and Zip Code		
	Bestwaytransportoffl@outl			
For further information	concerning this matter, please c	to be used for future annual report not all:	meation)	
Kimora Bruce		646 577-0794		
Name	of Person	at () Area Code Daytir	ne 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)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre Registration		Street Address: Registration Se	ection	
Division of Corporations		Division of Corporations		
P.O. Box 63 Tallahassee,		The Centre of 2415 N. Monro	Tallahassee be Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BAST WAY TRANSPORT OF FLORIDA LLC.

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

lorida document number _L22000 238 718.
orida document number <u>L22000 256 716</u> .
his amendment is submitted to amend the following:
. If amending name, enter the new name of the limited liability company here:
est Way Transport Of Florida LLC
ne new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
nter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX)
. If amending the registered agent and/or registered office address on our records, enter the name of the new registered
gent and/or the new registered office address here:
Name of New Registered Agent:
Name of New Registered Agent: New Registered Office Address:
Name of New Registered Agent: New Registered Office Address: Enter Florida street address
Name of New Registered Agent: New Registered Office Address:
Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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:

•

or remov	ved from our records:		
MGR =	Manager		
AMBR =	= Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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than et Note:	five date, if other than the date of filing: [Coptional] [Sective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not nent's effective date on the Department of State's records.	no 605,0207 be listed as	(3) the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	earlier of	:
Dated	07-18-2022/		
	Signature of a permoer or authorized representative of a member	_	
	KIMORA BRUCE. Typed or printed name of signee		

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Filing Fee: \$25.00