Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000265997 3)))



To:		
	Division of Corporations	
	Fax Number	: (850)617-6383
From:		
	Account Name	: C T CORPORATION SYSTEM
	Account Number	: FCA000000023
	Phone	: (954)208-0845
	Fax Number	: (614)573-3996
		s for this business entity to be used for future
anı	nual report maili	ngs. Enter only one email address please.**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COLLABORATIVE STUDENT TRANSPORTATION OF MINNESO LL

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

AUG 1 7 2023

K. Brumbley

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA •

SECTION I (1-4 must be completed)

New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper of and accept the obligations of my position as registe	t and agree to act in this capacity ind complete performance of my c	luties, and I am familiar with
	City	, Florida Zip Code
	inici i iniuu s	
New Registered Office Address:	Enter Florida S	treet Address
•		<u> </u>
6. If amending the registered agent and/or registere registered agent and/or the new registered office ad	d officer address on our records, <u>c</u> dress here:	ر ـــ ن - ر <u>:</u>
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	aging members adopting the alter	iness in Florida and attache nate name. The alternate hame
5. New name of the limited liability company: Co (must	Raborative Student Transportation contain "Limited Liability Compa	any, ""L.L.C.," or "LLC.")
SECTION II (5-9 complete only the applicable c		
4. Date authorized to do business in Florida: 08/2	2/2022	
3. Jurisdiction of its organization: MN		
2. The Florida document number of this limited lial	oility company is: M22000013289	<u> </u>
Enter new mailing address, if applicable: (Mailing address) MAY BE A POST OFFICE BOX)		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new principal office address, if applicable:		

3

If Changing Registered Agent, Signature of New Registered Agent

de/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remo
			□Add
			□Remo
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remo
			□Add
			□Remo
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
aforementioned am	icate, if required: no more than 90 day rendment(s), duly authenticated by the he law of which this entity is organize	official having custody of records in	□Remo

Filing Fee: \$25.00



Office of the Minnesota Secretary of State Minnesota Limited Liability Company | Amendment to Articles of Organization

Minnesota Statutes, Chapter 322C

Read the instructions before completing this form.

Filing Fee: \$55 for expedited service in-person and online filings, \$35 if submitted by mail

Note: Information provided when filing a business entity is public data an but is not limited to all individual names and addresses.	d may be viewable onli	ne. This includes	
1. List the name of this company currently on file with the Office of Collaborative Student Transportation of Minnesota LLC	of the Minnesota Secr	etary of State: (R	equired)
2. The articles of organization for this Limited Liability Company	are amended pursuan	to Chapter 3220	2.
AMENDMENT OPTIONS: Complete as many amendment op changing the information related to that option.	•	•	
3. The company name is changed to:	•		
Collaborative Student Transportation LLC			
4. The registered office address is changed to:			
Street Address (A post office box by Itself is not acceptable)	City	State	Zip Code
5. The registered agent is changed to:			
6. The business mailing address has changed to:			
Address	City	State	Zip Code
7. The articles of organization are otherwise amended as follows:			
		·	
8. I, the undersigned, certify that I am signing this document as th	e person whose signa	ture is required, o	or as agent of the
person(s) whose signature would be required who has authorized capacities. I further certify that I have completed all required field			
correct and in compliance with the applicable chapter of Minneson subject to the penalties of perjury as set forth in Section 609.48 as	ta Statutes. I understa	ind that by signin	ig this document I a
At Lack Plant permitted by the section of the as	7/19/2023	Comment delegal Of	
Signature of Authorized Person or Authorized Agent	Date	·	-

Office of the Minnesota Secretary of State
Minnesota Limited Liability Company | Amendment to Articles of Organization
Minnesota Statutes, Chapter 322C



Email Address for Official Notices Enter an email address to which the Se	etary of State can forward official notices required by law and other notices	;					
sara, houle@collaborativestudenttransportation.com							
Check here to have your email add	ss excluded from requests for bulk data, to the extent allowed by Minnesota	ılav					
List a name and daytime phone num	er of a person who can be contacted about this form:						
Paul St Martin	612-964-0306						
Contact Name	Phone Number						
Entitles that own, lease, or have any register with the MN Dept. of Agricu	nancial interest in agricultural land or land capable of being farmed m ture's Corporate Farm Program.	ust					
Does this entity own, lease, or have an Yes No 2	financial interest in agricultural land or land capable of being farmed?						



Work Item 1401232500089 Original File Number 980732000028

STATE OF MINNESOTA
OFFICE OF THE SECRETARY OF STATE
FILED
07/25/2023 11:59 PM

Steve Simon Secretary of State

Oteve Vimm