

L200000 71725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

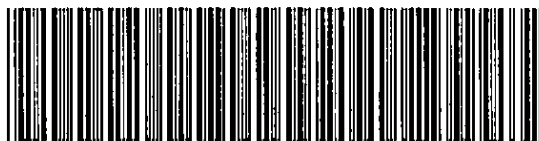
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600344504726

05/18/20--01005--029
RECEIVED
MAY 18 2020
25.00
ZS. CE

2020 MAY 18 PM 3:39

C. GOLDEN
JUN - 8 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAHM & NEWBERRY LOGISTICS 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:

SARAH E. WALKER, CPA

Name of Person

DURST JORDAN, CPA, PA

Firm/Company

4459-B HIGHWAY 90

Address

PACE, FL 32571

City/State and Zip Code

swalker@durstjordan.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SARAH E. WALKER, CPA at (850) 995-5000
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**

2020 MAR 04 PM 3:09

BAHM & NEWBERRY LOGISTICS LLC

(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 03/04/2020 and assigned Florida document number L20000071725.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NEWBERRY LOGISTICS LLC

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:

1405 N HIGHWAY 95A

(Principal office address MUST BE A STREET ADDRESS)

CANTONMENT, FL 32533

Enter new mailing address, if applicable:

1405 N HIGHWAY 95A

(Mailing address MAY BE A POST OFFICE BOX)

CANTONMENT, FL 32533

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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>
MGRM	BAHM, DANEIL A	4218 SHENANDOAH PL	<input type="checkbox"/> Add
		MILTON, FL 32583	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	NEWBERRY, REBECCA J	1405 N HIGHWAY 95A	<input type="checkbox"/> Add
		CANTONMENT, FL 32533	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

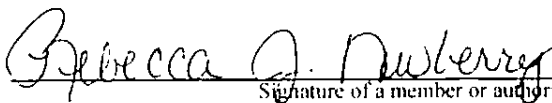
E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated MAY 4 2020



Signature of a member or authorized representative of a member

REBECCA J. NEWBERRY

Typed or printed name of signee

Filing Fee: \$25.00