5/19/2021

Division of Corporations

## Indentical Department of State Division of Corporations Electronic Lefting Cover Sheet

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(((H21000200174 3)))

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To:			
	Division of Corporations		
	Fax Number : (850)617-6383		
From:			
	Account Name : FLORIDA TAX &	ACCOUNTING SERVICES, INC.	<del>2</del>
	Account Number : I20130000078	بسي	<u>. 5</u>
	Phone : (305)235-9292 Fax Number : (305)328-9359	<b>ج.</b> سم	
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Electronic Filing Menu

Corporate Filing Menu

Help



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H210002061743

NEPTUNE ATLANTIC BARGE	COMPANY, LLC			
(Name of the Limi	ted Liability Comp (A Florida Cimited	any as it now appears on or Lability Company)	ir records.)	
The Articles of Organization for this Limited I Florida document number £11000052585	Liability Company	were filed on 05/04/20	11	and assigned
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name o	of the limited liab	oility company here:		
NABC, LLC				· 22
he new name must be distinguishable and contain the	words "Limited Linbi	ility Company," the designat	ion "LLC" or t	حرمسين دايد- "
Enter new principal offices address, if applic	cable:	200 SW 6TH STREET		西哥
(Principal office address MUST BE A STREET ADDRESS)		FT LAUDERDALE, F	L 33301	10 10 11
				SSC 20
Enter new mailing address, if applicable:		200 SW 6TH STREET		4:51
(Mailing address MAY BE A POST OFFICE BOX)		FT LAUDERDALE, F	L 33301	1 ' *
3. If amending the registered agent and/or registered office addressed and/or the new registered office addressed Name of New Registered Agent:		address on our records	s, enter the	name of the new regist
	200 SW 6TH STREET			
New Registered Office Address:	200 3 W 01 N 3	Enter Florida stre	et uddress	····
	FT LAUDERD		, Florida	, 33301
		City	, 1 101101	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 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 H 21000200 1743

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RANDY D WHITESIDES	200 SW 6TH STREET	
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	JAMES E, BARRISON						