

L17000104570

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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S. YOUNG

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 MAY 30 AM 10:14

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BARNETT HAULING 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:

**KENARDO BARNETT**

Name of Person

Firm/Company

Address

City/State and Zip Code

*almsherran@yahoo.com*

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

For further information concerning this matter, please call:

**KENARDO BARNETT**

727 6788905  
at ( )

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA  
17 MAY 30 AM 10:14

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

BARNETT HAULING 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 MAY 10, 2017 and assigned  
Florida document number 17000104570.

This amendment is submitted to amend the following:

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

BARNETT TRANSPORT LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

12855 Belcher Rd S STE B8  
Largo, Florida 33773

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12855 Belcher Rd S STE B8  
Largo, Florida ~~33773~~ 33773

**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:

12855 Belcher Rd S. STE B8

*Enter Florida street address*

Largo

*City*

Florida

33773

*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>
MGR	TYRONE BARNETT	12855 BELCHER RD S STE B8	<input checked="" type="checkbox"/> Add
		LARGO, FLORIDA, 33773	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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MAY 30 AM 10:25  
63

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

17 MAY 30 1962

17 MAY 30 AM 10:25

CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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** \_\_\_\_\_, \_\_\_\_\_.

x Alm Herman K. B. H.  
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

ALMELYN HERRAN / KENARDO BARNETT

Typed or printed name of signee