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COVER LETTER

	gistration Sec rision of Corp			
SUBJECT:	Berry Truck	ing LLC		
3003201.		Name of Lim	Hed Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Jenniser Briggs		
		· · · · · ·	Name of Person	
		Sentinel CFO Sources		
			Firm/Company	-
		PO Box 555		
		<u> </u>	Address	
		Odessa/FL 33556		
		jennifer@efosources.com	City/State and Zip Code	
		E-mail address: (to be used for future annual repor	rt notification)
For further in	nformation co	oncerning this matter, please ca	all:	
Craig Berry			352 745-270	68
	Name of	Person	Area Code D	aytime Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 F	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Berry Trucking LLC				
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on 8/24/2017 and assigned			
lorida document number L17000181350				
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liab	pility company here:			
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
nter new principal offices address, if applicable:	5431 W Highway 329			
Principal office address MUST BE A STREET ADDRESS)	Sy Reddick, FL 32686			
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	5431 W Highway 329 Reddick, FL 32686			
B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	17 OCT 16 SEGRETARY ALLAHASSER			
·	Florida 2 5			
	City Zip de			

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>	Address	Type of Action
MBR	Wendy Berry	22310 N US Hwy 441	
		Micanopy, FL 32667	Remove
			☐ Change
MBR	Mariah Berry	5431 W Highway 329	Add
		Reddick. FL 32686	□ Remove
		·	☐ Change
			Add
			□ Remove
			☐ Change
			
			□ Remove
			Change
			Remove
			Change
			Remove
			☐ Change

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fective date, if other than t	he date of fili	יטח			(optional)	
n effective date, if other than to no effective date is listed, the date r nte: If the date inserted in this	nust be specific a	nd cannot be prior	to date of filing	or more than 90 da	ys after filing.) Pursua	nt to 605.0.
ote: If the date inserted in this ocument's effective date on the	block does not Department of	meet the applic 'State's records	able statutory	filing requiremen	its, this date will not	be listed
record specifies a delay	ed effective	date, but no	t an effectiv	ve time, at 12	:01 a.m. on the	earlier
The 90th day after the r				,		
October 9		2017				
	_	1/2-				
			Z	tive of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00