

W18000 199057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

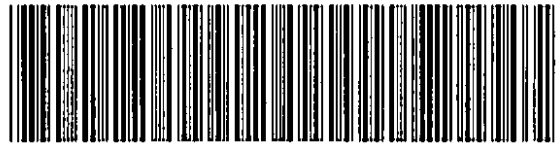
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FILED
2022 JUL 22 PM 4:30
FBI - NEW YORK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BFB 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:

Leon Barnes
Name of Person

BFB Logistics LLC
Firm/Company

1236 Waterview Ridge Cir.
Address

Apopka FL 32703
City/State and Zip Code

KAPPA-19913 @ yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leon Barnes at (407) 635-7406
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

FILED

2022 JUL 22 PM 4:30

BFB Logistics LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2022 JUL 22 PM 4:30

The Articles of Organization for this Limited Liability Company were filed on 8-17-2018 and assigned
Florida document number L18000199057.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1236 Waterview Ridge Cir.

Apopka FL 32703

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>
<u>mgr</u>	<u>Lwn BARNES</u>	<u>1236 waterview Ridge Cir.</u>	<input type="checkbox"/> Add
		<u>Apopka FL 32703</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>AMBR</u>	<u>TAMMY BARNES</u>	<u>1236 waterview Ridge Cir.</u>	<input type="checkbox"/> Add
		<u>Apopka FL 32703</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>AMBR</u>	<u>Rodney BARNES</u>	<u>13205 Rainbow Lane</u>	<input type="checkbox"/> Add
		<u>clermont FL 34715</u>	<input checked="" 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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

Dated 7-20-22 2022

Signature of a member or authorized representative of a member

Typed or printed name of signee