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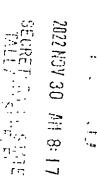
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COVER LETTER

TO: Registration Se Division of Cor			me.		
SUBJECT:	BFB Lo	gistics LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Le	Name of Person			
		FB Logistics LLC Firm/Company			
	1236 1	NA terview Ridge Address	<u>Cir</u>		
	Aprok	4 FL 32703			
	E-mail address: (4 FL 32703 City/State and Zip Code 19913 @ 44 hoo. So to be used for future annual report notif	cation)	2022 N SECR TAL	to,- •
For further information c	oncerning this matter, please c	all:		2022 NOV 30 M1 8: 17	***
Leon 1.	SARNES f Person	at (407) 435 Area Code Davtime	-740% Telephone Number		
		, and the same same same same same same same sam	, reseptione retinioes	13 11 11 18	
Enclosed is a check for the	he following amount:				
\$\$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
Mailing Addres	: <u>s:</u>	Street Address:			

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

BFBLogistics	LLC				
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iy as it now appea iability Company)	irs on our re	cords.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L1800199057</u> .	were filed on	8-	17-2016) and a	ssigned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	lity company h	<u>iere</u> :			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the	designation `	LLC" or the abbre	eviation "	L.L.C."
Enter new principal offices address, if applicable:	 = .				
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable:	1236	WA te	71/2W	Ride	e Cir
(Mailing address MAY BE A POST OFFICE BOX)	H-Pap K-M	<u> </u>	<u>32703</u>	202	
				3	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our i	records, <u>er</u>	iter the name	of the no	ew registered
Name of New Registered Agent:			212 217 217	<u>류</u>	**************************************
New Registered Office Address:	Enter Fle	_ vrida street ac	ldress	17	
	, Florida				
	City			Zip Code	,
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of	performance of rovided for in (f my dutie: Chapter 6	s, and I am fan 05, F.S. Or, if	niliar w this doc	ith and rument is

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
mgR	Leon BARnes	1236 WAterview Ridge Cir Add
		APOPKA FL 32703Remove
		WChange
mgr	TAMMY BARNES	1236 WA terview Ridge lir Add
		Apopta FL 32703 PRemove
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n effective da te: If the d cument's ef	e, if other than the date is listed, the date late inserted in this fective date on the fest a delayed effective and the fest and the f	must be specific as s block does not e Department of	nd cannot be prior meet the applic State's records.	able statutory fi	more than 90 days ling requirements.	, this date will ix	ot be listed a
ed	11-22		2022				
		Signatura of	2022 L. B.	reno prized representati	wate manha		