

LIB000199057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/30/22--01008--008 **25.00

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7:11:30

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

Apoka 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

SECRETARY OF STATE
TALLAHASSEE, FL

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FILED

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 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

BFBLogistics 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 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 Water view 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

City

Florida

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>Leon 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>mGR</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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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FLORIDA

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CITE

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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11-15-2022 BY 60322 UCBAW

(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)

Dated 11-22 2022

Leon BARNES

Typed or printed name of signee

Filing Fee: \$25.00