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Special Instructions to	Filing Officer:	
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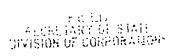
COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Black Bayou 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:
Shannon L. Fraccola Name of Person
Sharron L. Fraccola Name of Person Black Bayou Logistics, LLC Firm Company
4190 E. Wells Lane
Herinando FL 34442 City/State and Zip Code
Struccola P y atoo, com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sharmon Francola at (352) 434-5528 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee Certificate of Status 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

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



Zip Code

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Black Bayo	U Logistics, LLC
(<u>Name of the Limfted I</u> (A I	iability Company as it now appears on our records.) Flonda Limited Liability Company)
	2117/21
	lity Company were filed on 3[17]2] and assigned
Florida document number 121000126	<u>433</u> .
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e limited liability company here:
The part name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
the new name must be dismignishable and comain the words	Elimited Liability Company, the designation LLC of the appreviation "L.L.C.
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO)	<u></u>
B. If amending the registered agent and/or regis	stered office address on our records, enter the name of the new registered
agent and/or the new registered office address he	<u>ere</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
_	
	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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member		DI CHETAILE CE STATE DIVISION UP CONPURATION		HATE RATEON
<u>Title</u>	Name	Address 21 AP	R - 2 AH	9: The of Action
MGR	angela Soletto	4190 E. Wells La	ine	🗆 Add
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				□Change
MGR	Shannon Fraccola	4190 E. Wells	lane	JAdd
		Herrando, FC3	34442	□Remove
				□Change
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If an effective date is listed Note: If the date inser	er than the date of filing the date must be specific and ted in this block does not me ate on the Department of St	cannot be prior to date of ti eet the applicable statut	ling or more than 90 de ory filing requirement	_ (optional) nys after filing.) Purs nts. this date will r	uant to 605.0207 (3 not be listed as th
e record specifies a dele d is filed.	ayed effective date, but not a	an effective time, at 12:0	01 a.m. on the carlie	r of: (b) The 90th	a day after the
Dated 3\	29/21 5/ E				
	Signature of a m	nember or authorized repre	sentative of a member		
	Shan	Oh Fra.C. Typed or printed name of	cola		