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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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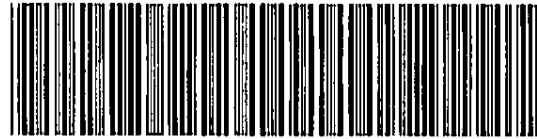
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: B+B Barnes + Bolware Trucking, 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:

Teresa Murray Barnes
Name of Person

B+B Barnes + Bolware Trucking, LLC
Firm/Company

308 E 10th St
Address

Panama City, FL 32401
City/State and Zip Code

murrayt1@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Teresa Murray Barnes at (850) 896.0876
Name of Person Area Code Daytime Telephone Number

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**

B + B Barnes & Bolware Trucking, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 5/12/2021 AM 7:59

The Articles of Organization for this Limited Liability Company were filed on 5/12/2021 and assigned Florida document number L21000194604

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)

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:

Terrisa Murray Barnes

New Registered Office Address:

308 East 10th St

Enter Florida street address

Panama

City

Florida

32401

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.

Terrisa Murray Barnes
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>
AMBR	Terresa Murray Barnes	308 E. 10th St	<input checked="" type="checkbox"/> Add
		Panama City, FL	<input type="checkbox"/> Remove
		32401	<input checked="" type="checkbox"/> Change
MGR	Demelle Bohare	308 E 10th St	<input type="checkbox"/> Add
		Panama City	<input type="checkbox"/> Remove
		FL 32401	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Originally AMBR was Demello Boluare
Should be AMBR Terresa Murray Barnes
Demello Boluare MGR

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 20 . 2021 .

Terresa Murray Barnes
Signature of a member or authorized representative of a member

Terresa Murray Barnes
Typed or printed name of signee