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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Se Division of Co			
Banfield	Express Logistics, LLC		
SUBJECT:	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:	
	Jimmy Barker		
		Name of Person	
	Banfield Express Logistics	s. LLC	
		Firm/Company	
	1483 Bridgette Way		
		Address	
	Fleming Island, Fl. 32003		
	ljharkeer@bellsouth.net	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	E-mail address: (to be used for future annual re	port notification)
For further information of	concerning this matter, please ca	all:	
Jimmy Barker			7(191)
Name o	of Person	at () Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclo	Certificate of Status &
<u>Mailing Addre</u> Registration		<u>Street Ado</u> Registrat	<u>tress:</u> ion Section
Division of C	Corporations	Division	of Corporations

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Banfield Express Logistics, LLC	200 R			
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.)			
The Articles of Organization for this Limited Liability Company Florida document number 1.21000458130	Liability Company) were filed on 11-10-2021 in the seconds of the seconds of the second of the s			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
AlBar Express Logistics, LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	1483 Bridgette Way			
(Principal office address MUST BE A STREET ADDRESS)	Fleming Island, Fl., 32003			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1483 Bridgette Way Fleming Island, FL 32003			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, <u>enter the name of the new register</u>			
	Enter Florida street address			
	Florida			

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.

City

Zip Code

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>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□ Add
		 	□Remove
			Change
			⊡Add
			⊡Remove
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			□Change
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			□ Remove
			□Change

April 12, 2022 [cetive date, if other than the date of filing: [coptional] [copt				<u>_</u>			
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