

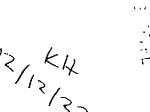
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SUBJECT	BGN Logis	ties, LLC			
NODULC:		Name of Lin	nited Liability Company	-	
		Amendment and fee(s) are sub	-		
riease retu	ин ан сонсърс	indence concerning this matter Bradley Boardwine	to the following.		
			Name of Person		
		BGN Logistics, LLC			
			_		
11853 N US HWY					
			Address	_	
		bboardwine@cfitruckdrivir	City/State and Zip Code ngschool.com	_	
		E-mail address: ((to be used for future annual report notification)	-	
For further	r information c	oncerning this matter, please c	all:	201	
Bradley B	oardwine		443 388-7532 at ()	2023 NOV	
	Name o	f Person	Area Code Daytime Telephone Numb	29 AM II	
Enclosed i	s a check for th	ne following amount:		1000 至	
■ \$25.00	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certific	Filing Fee. 1 cate of Status & ed Copy nal copy is enclosed)	, -

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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

BGN Logistics, 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 06/08/2023 and assigned Florida document number <u>L23000278822</u> 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 "LLC." 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: New Registered Office Address: Enter Florida street address

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.

Cin

Florida

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
AMBR	Gary Boardwine	11853 N US HWY 301	□Add
		Thonotosassa, Fl. 33592	■Remove
			□Change
AMBR	Olivia Boardwine	11853 N US HWY 301	≅ Add
		Thonotosassa, FL 33592	□Remove
			□Change
			□Add
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ecord specifies a delayed effects filed.	ive date, but no	ot an effective ti	ime, at 12:01 a.:	m. on the earlier	of: (b) Th	e 90th da	ıy after t
25 of November		2023					
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Filing Fee: \$25.00