

MO9000 001 640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

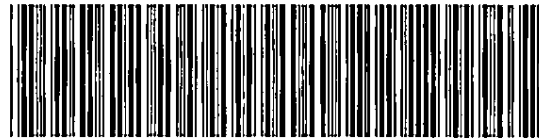
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700331986677

07/29/19--01007--010 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 29 PM 2 34

FILED

AUG 9 - 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Greatwide Distribution Logistics, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jill Coble

Name of Person

Cardinal Logistics

Firm/Company

5333 Davidson Hwy

Address

Concord, NC 28027

City/State and Zip Code

jcoble@cardlog.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jill Coble

Name of Person

at (704) 786-6125 ext 111502

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Greatwide Distribution Logistics, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: _____

M09000001

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 05/04/2009

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: BirchStone Management, LLC

(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

Florida

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.

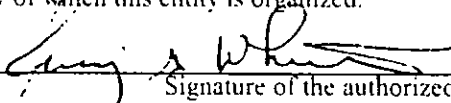
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Kimmy Whitten

Typed or printed name of signee


Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "GREATWIDE DISTRIBUTION LOGISTICS, LLC", CHANGING ITS NAME FROM "GREATWIDE DISTRIBUTION LOGISTICS, LLC" TO "BIRCHSTONE MANAGEMENT, LLC", FILED IN THIS OFFICE ON THE FIFTH DAY OF JULY, A.D. 2019, AT 11:59 O'CLOCK A.M.



Jeffrey W. Bullock, Secretary of State

4626661 8100
SR# 20195827089

Authentication: 203163342
Date: 07-05-19

You may verify this certificate online at corp.delaware.gov/authver.shtml

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: Greatwide Distribution Logistics, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of Greatwide Distribution Logistics, LLC is hereby changed to:

BirchStone Management, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 5th day of July, A.D. 2019.

By: 
Authorized Person(s)

Name: Michael Roberts
Print or Type