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Special Instructions to	Filing Officer:	
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Office Use Only



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CF 3121/2022

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	VADIM OLOERI		
•		Name of Person	
		Firm/Company	<del></del>
	7770 GLYNDE HILL DR		
	ORLANDO, FL 32835	Address	
	AID COLUMNICON AND	City/State and Zip Code	
	MD.SOLUTIONSORLANI  E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	all:	
DOINA MADONICI		321 240-4291 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 5 Division of C	Section	Street Address: Registration Se Division of Co	
P.O. Box 632 Tallahassee, l	7	The Centre of	•

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAR 11 PM 3: 07

(Name of the Limited Lia	ability Company as it now appears on ou orida Limited Liability Company)	ir records.)
(A FR	orida Limited Liability Company)	SECRETAIN OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Liabilit	Company wars filed on 01/22/202	1ALLAMASSEE, FL
_		and assigned
Florida document number L20000028684	<del></del> '	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
VO LOGISTICS LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	<u></u>
	-	
B. If amending the registered agent and/or regist	tered office address on our record	s, enter the name of the new registere
agent and/or the new registered office address he		
M. D. C. LA		
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florida str	eet address
		, Florida
<del>-</del>	City	, Florida Zip Code
	******	

## New Registered Agent's Signature, if changing Registered Agent:

VO SMART DEVICES REPAIR LLC

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, 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	Address	Type of Action
			□Add
			Remove
			Change
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			□ Remove
			Change
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ective date, if other than the effective date is listed, the date must te: If the date inserted in this blument's effective date on the D	t be specific and ock does not n	f cannot be prior t neet the applica	o date of filing or ble statutory fi	more than 90 day	(optional) ys after filing.) P its, this date wi	ursuant to 605.020 Il not be listed a
cord specifies a delayed effectives filed.	e date, but not	an effective tir	ne, at 12:01 a.r	n. on the earlier	of: (b) The S	90th day after the
ed MARCH 4		2022	<u>.</u> .			
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" 1000 U	<i></i>					