L10000013304

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificate	es of Status	
Special Instructions to Filing Officer:			
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S. HAWKES

OCT 2 5 2010

EXAMINER

S. HAWKES

VILLENDER

EXAMINER





October 12, 2010

VLADIMIR MASNEV 1009 PARK CENTRE BLVD MIAMI, FL 33169

SUBJECT: FIRST LOGISTIC USA,LLC

Ref. Number: L10000013304

We have received your document for FIRST LOGISTIC USA,LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes Regulatory Specialist II

Letter Number: 010A00024095

COVER LETTER

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: First	Logistic U	SA, LLC
DOCUMENT NUMBER: L 1000	00 13304	
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Vlad Nar	dinia MAS,	Nev.
First Logi	istic USA,	Lee
_	ark Ostu	Blvd
MiA M	1	· · · · · · · · · · · · · · · · · · ·
E-mail address: (to be used	for future annual report notification)	
For further information concerning this matter, p	·	ephone Number
Enclosed is a check for the following amount ma	de payable to the Florida Depar	tment of State:
\$35 Filing Fee \$\times \text{Certificate of Status}\$	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

First Copistic	: USA L	C
(Name of the Limited Liadility Comp. (A Florida Limited	any as it now appears on o Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L 100000 1330</u> 4	y were filed on <u>OA L</u>	94 LOVO and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," th	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	18350 NO	D 2 Ave F1: 33/69
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	fall as	above
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		cords, enter the name of the new
Name of New Registered Agent:		·
New Registered Office Address:	Enter Flo	orida street address
•	2.707	. 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 608, 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

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

Title Address Type of Action MGR Thurson Ivan MGR Gary Patlax ☐ Add Remove ☐ Add Remove Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00