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PICK-UP	☐ WAIT	MAIL
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# **COVER LETTER**

Division of Corporat	ions	
SUBJECT: <u>IDEA</u>	L (OC)STICS (LC) Name of Limited Liability Company	
The enclosed Articles of Amen	dment and fee(s) are submitted for filing.	
Please return all correspondence	e concerning this matter to the following:	
_	HRISTINA PETKOVSKA Name of Person	
	IDEAL LOGISTICS LLC Firm/Company	_
	7131 WEDGE WOOD DR	
_	NEW PORT RICHEY, FL 341052 City/State and Zip Code	<del></del>
<u> </u>	Hristing @ lelectlogistics 11c. com  E-mail address: (to be used for future annual report notification)	-
For further information concern	ning this matter, please call:	z. 2
Hvisting Po-	KOVSKO at (727) 688-69705  Area Code Daytime Telephone Numb	2016 MY 16 P
Enclosed is a check for the following	owing amount:	
□ \$25.00 Filing Fee	Certificate of Status Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status	Fiffing Fee, = cate of Status & ed Copy nal copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limit	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Life Florida document number <u>L120000</u>	iability Company were filed on JULY 12, 2012 and assigned 0748
This amendment is submitted to amend the following	owing:
A. If amending name, enter the new name of	f the limited liability company here:
The new name must be distinguishable and contain the w	vords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered office address on our records, enter the name of the new
Name of New Registered Agent:	Hristing Petkovska Par E
New Registered Office Address:	7131 Wedgewood Drive 82 6  Enter Florida street address
	New Port Richey, Florida 534652
New Registered Agent's Signature, if changing F	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

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
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		7131 Wedgewood Dr New Port Richey Fland	Remove
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Filing Fee: \$25.00