

LR000152475

\_\_\_\_\_  
(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



900271034579

03/30/15--01009--001 \*\*30.00

FILED  
2015 APR 29 PM 5:21  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

APR 29 2015  
J. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 17, 2015

RADEK MINARIK  
PO BOX 742  
GULF SHORES, AL 36547

SUBJECT: AMBROSI LOGISTICS LLC  
Ref. Number: L12000152478

We have received your document for AMBROSI LOGISTICS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 015A00007755

FILED  
2015 APR 29 PM 5:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Ambrosi Logistics LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Radek Minarik**

Name of Person

**Ambrosi Logistics LLC**

Firm/Company

**PO Box 742**

Address

**Gulf Shores, AL 36547**

City/State and Zip Code

*azmadilo72@yahoo.com*  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Radek Minarik**

Name of Person

**251**  
at ( )

Area Code

**4242449**

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee  
Certificate of Status &  
Certified Copy  
(additional 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

**FILED**  
2015 APR 29 PM 5:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**Ambrosi 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 December 6, 2012 and assigned Florida document number L12000152478.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 616 Paulding Ave, Pensacola, FL 32507

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable: Po Box 742, Gulf Shores, AL 36547

**(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: Radek Minarik

New Registered Office Address: 616 Paulding Ave

Enter Florida street address

Pensacola, Florida 32507

City

2015 APR 28 PM  
FILED  
CLERK OF SUPERIOR COURT  
JACKSONVILLE, FL

**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.*

*R. Minarik*

**If Changing Registered Agent, Signature of New Registered Agent:**

**If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:**

**MGR = Manager**  
**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Radek Minarik	616 Paulding Ave	<input checked="" type="checkbox"/> Add
		Pensacola, FL 32507	<input type="checkbox"/> Remove
MGR	Otilia Sofroni-Minarik	616 Paulding Ave	<input checked="" type="checkbox"/> Add
		Pensacola, FL 32507	<input type="checkbox"/> Remove
AMBR	Dragomir Sofroni	616 Paulding Ave	<input checked="" type="checkbox"/> Add
		Pensacola, FL 32507	<input type="checkbox"/> Remove
MGR	Irina Burduja	6061 Colonial Pkwy, unit 14205	<input type="checkbox"/> Add
		Gulf Shores, AL 36542	<input checked="" type="checkbox"/> Remove
AMBR	Mihail Arseni	1978 Coral Reef Rd	<input type="checkbox"/> Add
		Pensacola, FL 32506	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED  
 2015 APR 29 PM 5:21  
 CLERK OF STATE  
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

---

---

---

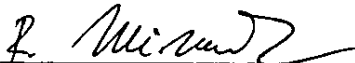
---

---

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 25, 2015



Signature of a member or authorized representative of a member

Radek Minarik

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

**FILED**  
2015 APR 29 PM 5:21  
CLERK OF STATE  
TALLAHASSEE FLORIDA