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DIVISION DE CONTRATIONS TALLANCES DE CORIDA

AUG 2 3 2013 S. PRATHER

COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: KHAL	DO LOGISTI	ited Liability Company	,
	Name of Limi	ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Charles T	As hong Name of Person	
		Name of Person	.
	Klaloo	logistics LLC Firm/Company	
		Firm/Company	
	5800 Beach	Bivel # 203-10	3
		Address	<u> </u>
	dack sonnille	FL 32207 City/State and Zip Code	
		•	
	Kha looinc	(d) a maif. (sm to be used for future annual report no	ntitication)
For further information cond	eerning this matter, please ca		Ameanon
Charles T. Asi	ionej	at (104) 762 Area Code Dayti	-6060
Name of Po	erson	Area Code Dayti	me Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KHALOO LOGI	STICS	LLC		. 23/
(Name of the Limit	ted Liability Co (A Florida Limi	mpany as it now appears of ted Liability Company)	n our records.)	77 B
The Articles of Organization for this Limited L		<u> </u>	10/2012	and assimod ED
This amendment is submitted to amend the foll	owing:			10: 5 2
A. If amending name, enter the new name o	f the limited l	liability company here	:	ত্রনি 🍾
The new name must be distinguishable and contain the v		iability Company," the desig	gnation "LLC" or the ab	breviation "L.L.C."
(Principal office address MUST BE A STREE	T ADDRESS	2		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)				
B. If amending the registered agent and registered agent and/or the new registered o			ur records, <u>enter</u>	the name of the nev
Name of New Registered Agent:				,
New Registered Office Address:		Enter Florida	street address	
			, Florida	
		City	<u> </u>	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

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
MGR	Sanuel G. Asaute	800 Ocala Rd #300-128 Talkahasse FL 32304	Æ Add
		Talkehouse FL 32304	Remove
			Change
			Remove
			□ Change
	 -		
			Remove
			Change
			Remove
			Change
			
			Remove
			Change
			🗆 Add
			C Remove
			□ Change

(If an ei <u>Note:</u>	tive date, if other than the date of filing:
If the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie
	e 90th day after the record is filed.
Dated	1 8 28/2015
Dated	
Dated	Charle Cishung Signature of a member or authorized representative of a member
Dated	

Filing Fee: \$25.00