

Division of Corporations
L13000155363 Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H1700025723134BC

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To:
Division of Corporations
Fax Number : (850) 617-6323

From:
Account Name : FASTKIT CORP
Account Number : 120100000009
Phone : (305) 599-0839
Fax Number : (305) 592-3591

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GIPSY ENTERTAINMENT GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Corporate Filing Menu

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OCT 02 2017

SULKER

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
GIPSY ENTERTAINMENT GROUP, LLC**

The Articles of Organization for this Limited Liability Company were filed on November 04, 2013 and assigned Florida document number L13000155363.

This amendment is submitted to amend the following:

FIRST: The following person shall be deleted as AMBR of the GIPSY ENTERTAINMENT GROUP, LLC:

Vyacheslav Glushko
13949 Ventura Blvd.
Sherman Oaks, CA 91423

SECOND: The following shall be the new mailing and physical address of the GIPSY ENTERTAINMENT, LLC:

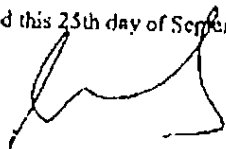
9705 Collins Avenue, Apt: 504N
Bal Harbour, FL 33154

THIRD: The following shall be the new address and title for Ilya Likhtenfeld:

AMBR
Ilya Likhtenfeld
9705 Collins Avenue, Ste 504N
Bal Harbour, FL 33154

FILED
17 SEP 20 AM 8:49
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY, FLORIDA
CLERK'S OFFICE
2017 SEP 20 PM 4:00

Signed this 25th day of September, 2017.



Ilya Likhtenfeld
AMBR

01 Jan 2000 12:26 AM A1A

3056752811

p.1

Division of Corporation

https://efilingunbi.org/scripts/efilecr.exe

Florida Department of State
Division of Corporations
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H170002561173

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To: Division of Corporations
Fax Number: (800)417-6343

From: Account Name: SUBMITS, LLC
Account Number: 2200750301E3
Phone: (800)417-1534
Fax Number: (305)475-2411

Enter the email address for this business entity to be used for future annual report filings. Enter only one email address please.

Email Address:

LLC AMEND/RESTATE/CORRECT OR M/MG RESIGN
TRIBUS LOGISTICS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu Help

2017 SEP 29 AM 8:57

TALLAHASSEE, FLORIDA

2017 SEP 29 AM 8:49
TALLAHASSEE, FLORIDA

OCT 01 2017

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

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TRIBUS 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 JULY 14TH, 2017 and assigned Florida document number L17000151036.

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8600 NW SOUTH RIVER DRIVE SUITE 202

MEDLEY, FLORIDA 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8600 NW SOUTH RIVER DRIVE SUITE 202

MEDLEY, FLORIDA 33166

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:

New Registered Office Address:

Enter Florida street address

City, Florida

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

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	JOSE R MUCHACHO	2447 EAGLE RUN DRIVE	☐ Add
		WESTON, FL 33327	☐ Remove
			☒ Change
AMBR	ESTEBAN VARGAS	17450 SW 22ND ST	☐ Add
		MIRAMAR, FL 33029	☐ Remove
			☒ Change
AMBR	CAROLINA A ELIAS-STEVENSON	7941 SHALIMAR	☐ Add
		MIRAMAR, FL 33323	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

H17000256117 3

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

JOSE R MUCCIACHI

Typed or printed name of signer