

L14000162511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

SEP 14 2015  
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TLLT 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:

XIYI TANG

Name of Person

TLLT LOGISTICS LLC

Firm/Company

104-40 QUEENS BLVD. APT. 20D

Address

FOREST HILLS, NY 11375

City/State and Zip Code

TLLTFLEET@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

XIYI TANG

631 484-3052  
at ( )

Name of Person

Area Code

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

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

TLLT 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 OCTOBER 17, 2014 and assigned  
Florida document number L14000162511.

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)**

**Enter new mailing address, if applicable:**

**(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:

AUGUSTO BRITTO

New Registered Office Address:

2845 EAST NEW YORK AVENUE

Enter Florida street address

DELAND

City

, Florida 32724

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.*

*Augusto Britto*

**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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ANGEL TANG	307 E 44TH ST APT. 1710	<input type="checkbox"/> Add
		NEW YORK, NY 10017	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TAI DANG	6740 YELLOWSTONE BLVD	<input type="checkbox"/> Add
		UNIT 7A	<input checked="" type="checkbox"/> Remove
		FOREST HILLS, NY 11375	<input type="checkbox"/> Change
AMBR	LINH VO	307 E 44THG APT. 1710	<input type="checkbox"/> Add
		NEW YORK, NY 10017	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SY NGUYEN	1660 LURTING AVE	<input type="checkbox"/> Add
		BRONX, NY 10461	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TIAN JAO CHIN	61-20 GRAND CENTRAL PKWY	<input type="checkbox"/> Add
		FOREST HILLS, NY 11375	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TIAN JAO CHIN		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Please update FEI # 47-2137150

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TALLAHASSEE, FLORIDA

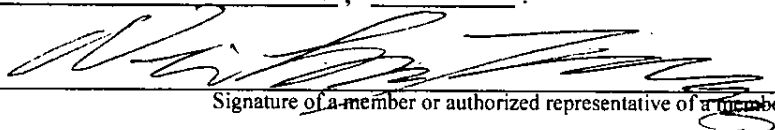
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated AUGUST 1ST, 2015

  
Signature of a member or authorized representative of a member

WEI LUN TANG

Typed or printed name of signee