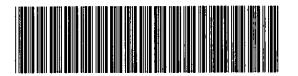
1160000022880

(Requ	estor's Name)	· · · · · · · · · · · · · · · · · · ·
(Addre	ess)	
(r 1812) C	,,,,	
(Addre	ess)	
(City/S	state/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
_		_
(Busin	ess Entity Nan	ne)
(Docu	ment Number)	
Cartified Conins	Cortificator	of Status
Certified Copies	Certificates	Ol Status
Special Instructions to Fili	ng Officer:	
l #		
NO P		

Office Use Only



200286966212

TALLAHASSEL TORINA

07/29/16--01011--003 **25.00

FILED
2016 JUL 28 PM 1:31

K.SALY EXMINITER JUL 29



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 11, 2016

CIANA LOGISTICS EVENS MICHEL 4497 POWDERHORN PLACE DR. CLERMONT, FL 34711

SUBJECT: CIANA LOGISTICS, LLC

Ref. Number: L16000022880

We have received your document for CIANA LOGISTICS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Karen A Saly Regulatory Specialist II

Letter Number: 616A00014440



COVER LETTER

TO: F	Registration Sec Division of Corp	ction porations		
SUBJECT	CIANA LO	GISTICS, LLC		
SUBJEC	Γ:	Name of Lim	ited Liability Company	
The enclose	sed Articles of /	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	ırn all correspor	idence concerning this matter	to the following:	
	•	Evens Michel		
<u>*</u>			Name of Person	
	•	Ciana Logistics, LLC		
			Name of Person Firm/Company Or Address City/State and Zip Code (to be used for future annual report notification)	
		4497 Powderhorn Place Dr		
			Address	
		Clermoni, FL 34711		
		michelevens@gmail.com	City/State and Zip Code	,
	•	E-mail address: (t	o be used for future annual report notific	ration)
For further	information co	ncerning this matter, please ca	ill:	
Evens Mic	chel			
	Name of	Person	Area Code Daytime 1	Celephone Number
Enclosed is	s 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

FILED
2016 JUL 28 PM 1:31
TALLAHASSEE, FLORIDA

CIANA 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	y were filed on $\frac{02/02/2}{}$	2016 and assigned	
Florida document number L16000022880			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designa	ation "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 of registered agent and/or the new registered office address here. Name of New Registered Agent:		records, enter the name of the n	<u>e</u> w
New Registered Office Address:			
	Enter Florida str	reet address	
		, Florida Zip Code	
N - Decimal Association of States and Association in the States of Associa	Ciţv	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my d provided for in Chapt	duties, and I am familiar with and ter 605, F.S. Or, if this document is	1e
	nging Registered Agent, <u>S</u>	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	Lunick Michel	3205 Coral Ridge Dr	□ Add
		Coral Springs, FL 33065	■ Remove
			Change
			Add
•			□ Remove
			Change
			22 AND TO THE PARTY OF THE PART
• •			Remove T
		·	Change C
			☐ Remove
			☐ Change
·			D Add
			□ Remove
			□ Change
,			Add
	· ·		□ Remove
			□ Change

			•		
			· · · · · · · · · · · · · · · · · · ·		
					THE AIR
	···	· · · · · · · · · · · · · · · · · · ·			Co. C.
					28
			<u>,</u>		F. G. 3
	_ _		·		7.6
			<u>.</u>		2017
				<u></u>	
	<u>-</u> -			<u> </u>	
		·			
·····		·			·····
,					
Tective date, if othe	r than the date o	of filing: July 5, 201		(option	
ote: If the date inserte	ed in this block doe	es not meet the applic	able statutory filing	re than 90 days after fil requirements, this d	ing.) Pursuant to 605.0207 ate will not be listed as
ocument's effective da	te on the Departme	ent of State's records.			
record specifies	a delaved effec	tive date but no	t an effective ti	me at 12·01 a.r	n. on the earlier of
The 90th day afte			c an encouve in	ne, at 12.01 an	m on the earlier of
July 5		2016			
ited	_A	→ , 	- ·		
	(In				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00