1600090378

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000285543190

06/06/16--01010--009 **25.00

SECRETARY OF STATE OF THE SECRETARY OF THE S



'JUN 0 7 2016

S. YOUNG

COVER LETTER

	Registration Se Division of Cor			
CUD ID	TURON LO	OGISTICS, L.L.C.		
SUBJEC	JI:	Name of Lim	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
			Alex Sorsher	
			Name of Person	
			Firm/Company	5 J. 18-6
		9	00 N Federal Hwy, Suite 306	5. 5.
			Address	
			Hallandale, FL 33009	
			City/State and Zip Code	
		khurmatulla@gmail.com		10
		E-mail address: (to be used for future annual report not	ification)
For furth	er information c	oncerning this matter, please c	all:	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
			Zuyun	io receptione remiser
Enclosed	is a check for the	ne following amount:		
\$25.0	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

TURO	ON LOGISTICS, L.L.C.	
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 05/09/2016	and assigned
Florida document number L16000090378	_ _ ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)	
		I Fig
		2 5
Enter new mailing address, if applicable:		F 55-71
• • • • • • • • • • • • • • • • • • • •		5 XXC
(Mailing address MAY BE A POST OFFICE BOX)		
		المراكب المستحدد
B. If amending the registered agent and/or regis	stavad office address on our records entr	the name of the man
registered agent and/or the new registered office add		er the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	
	City	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>	<u>Address</u>	Type of Action
MGR	Khurmatulla Rakhmetov	900 N Federal Hwy, Suite 306	□ Add
		Hallandale, FL 33009	Remove
			Change
AMBR	Turon Transit Logistics Ltd.	2 Khusayn Bayqaro Str	□ Add
		Tashkent 100104, UZ	□ Remove
			■ Change
			Change CONA
			□ Remove
			☐ Change
			Add
			□ Remove
		,	Change
			Add
			□ Remove
			☐ Change

	7
	- TALL
	7A.C.
	1
	7AL
	- TALL
	6 7
	- 17 TA
	سر دی جساست
	Laure (page
	1
	· · · · · · · · · · · · · · · · · · ·
	=======================================
·	
· · · · · · · · · · · · · · · · · · ·	
Effective date, if other than the date of filing: (o	ptional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a Note: If the date inserted in this block does not meet the applicable statutory filing requirements,	after filing.) Pursuant to 605.0207
document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an effective time, at 12:0	1 a.m. on the earlier of
The 90th day after the record is filed.	
Dated May 30 2916.	
M.A.	
Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00