L17000231891

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COVER LETTER

TO:	Registration So Division of Cor			
SUBJEC		eation Service LLC		
SUBJEA	<i>ب</i> ان	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Dmytro Demishev		
			Name of Person	
		Family Creation Service I.	L.C	
			Firm/Company	
		3030 N. Rocky Point Dr.		
			Address	··
		Tampa, FL. 33607		
			City/State and Zip Code	
		dmitry.demishev@gmail.co	om to be used for future annual report notif	fication)
For furth	ner information o	concerning this matter, please co	·	
Dmytro Demishev 813 3796639 at ()				
	Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed	l is a check for t	he 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

Family Creation Service LLC		<u>_</u>
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comparing the Horida document number <u>L17000231891</u>	any were filed on 11.08,2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited 1	iability company here:	
Dnipro Logistics LLC		
The new name must be distinguishable and contain the words "Limited I.	iability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		 _
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		the name of the nev
		20 to 100
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zij Çode 😕
New Registered Agent's Signature, if changing Registered Age	ent:	

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 = 0	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			☐ Change
			Add
			Remove
			Change
			
			☐ Remove
			□ Change
			Add
			Reinove
			ASSE Charles F
			CÉD Add C
			Remove
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Effective date, if other than the If an effective date is listed, the date in Note: If the date inserted in this bedocument's effective date on the I	ist be specific and ca lock does not me	annot be prior to et the applicab	le statutory filin	ore than 90 days after g requirements, thi	onal) r filing.) Pursuant to 60 s date will not be lis	5.0207 (3) ted as the
he record specifies a delaye The 90th day after the re		ite, but not a	an effective t	ime, at 12:01 a	a.m. on the earl	ier of:
Dated		2018				
- David		•	. ′			
\sim \sim \sim	00					
	Signature of a me	ember or authoriz	zed representative	of a member		

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Filing Fee: \$25.00