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DIVISION OF CORPORATIONS

22 APR 20 PM 3: 19

T. MATTHEWS
JUN - 1 2022

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		,
AMBER C.	AT LOGISTICS LLC		•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sergey Kuznetsov		
		Name of Person	
		Firm/Company	
Firm/Company 10454 White Lake ct. Address			
		Address	
	Tampa, FL, 33626		
		City/State and Zip Code	
	ambercat.logistics.lle@gma		
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report not	ification)
Sergey Kuznetsov	oncerning this matter, prease c	305 922-96-47	
	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	-		
■ \$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 S		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	•	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION SECRETARY OF STATE OF ORPORATIONS

22 APR 20 PH 3: 19

AMBER CAT 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 Compared	ny were filed on 12/1	0/2018	and assigned
Florida document number L18000283077			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lix	ibility company her	<u>ē</u> :	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the des	ignation "LLC" or the a	bbreviation "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 offic	e address on our rec	ords, enter the nar	ne of the new registers
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	a street address	
		Florida	Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agen	•		

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 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
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
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			□Change

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Filing Fee: \$25.00