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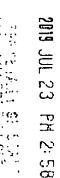
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COVER LETTER

ΓΟ: Registration So Division of Co			
SUBJECT:	AK SMART	LOGISTICS L	110
	Name of Lin	nited Liability Company	
		_	
rease return an eonespo	machee concerning ans maner	to the following.	
	ALIAKSEI	VASILYEU Name of Person	
		at (<u>786</u>) 332 1880 Area Code Daytime Telephone Number g amount: 00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. rtificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)	
	1000 NE	12th Ave Apt	203
	<i>a.lex ferlor</i> E-mail address: (146 OMAIL, CON	7 fication)
For further information o	concerning this matter, please c	all:	
ALIAKSEI	VASILYEU	at (786) 332	1880
Name o	of Person	Area Code Daytimo	: Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
MAII	ING ADDRESS:	STREET/COURI	ER ADDRESS:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AK SMART LOGISTICS LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Li	imited Liability Company)		
The Articles of Organization for this Limited Liability Con	npany were filed on	and assigned	
Florida document number <u>L /9000 /415 42</u>	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "I.I.C" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:		28	
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	<u> </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		45 N	
		(1) (C)	
B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent:		the name of the 1	
New Registered Office Address:	Enter Florida street address		
	Pleate		
	, Florida Cuy	Zip Code	
New Registered Agent's Signature, if changing Registered A	Agent:		
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agentiang filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my duties, and I am f nt as provided for in Chapter 605, F.S. Or,	amiliar with and if this document is	

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR => Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	VASILYEVA KATSIARYNA	1000 NE 12th AVE Apt 200	_ □ Add
		Hallandale Beach FL 3300	9 ⊠ Remove
			Change
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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 that Note: If the date inserted in this block does not meet the applicable statutory filing requ	an 90 days after filing.) Pursuant to 6	
document's effective date on the Department of State's records.	unements, this date will not be t	13100 113 11
e record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed.	, at 12:01 a.m. on the ea	rlier of:
Oated 7/17/2019		
CEO Minter Bailing det		
Signature of a member or authorized representative of a n	nember	
ALIAKSEI VASILYEU Typed or printed name of signee		
Typed or printed name of signee		

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

Page 3 of 3

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