## K20000044891

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

Division of Corp	porations		
SURJECT: JUS!	ter Lopistics	LLC ited Liability Company	
3011. <u>3-17-1</u>	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing	
		-	
Please return all correspor	ndence concerning this matter	to the following:	
	Vitaliv Ter	١.	
		Name of Person	*. 3
	<del>-</del> ,	00101	
	Jupiter (	Firm/Company	<del></del>
		TuneCompany	
	8700 Front	Beh hd # 1212	
		Address	
	10	ha ha (	
	Panane (s)	ry Beach 12L City/State and Zip Code	32407
	E-mail address:	2 1 Choo Con. To be used for future annual report not	ilication)
Dona Branchina in Pranchistica and			,
ror further information co	meerning this matter, please ca	111:	
Vitalia	Ten	85b. 960	0969
Name of	Person	at (850) 960 Area Code Daytim	ne Telephone Number
2	c n		
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee &	S60.00 Filing Fee.
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
			(additional copy is enclosed)

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

TO:

**Registration Section** 

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

and assigned
he abbreviation "L.L.C."
name of the new registe
tante of the new registe
<u> </u>
•
<u>(</u>
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 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_	Natalia Pan	406 Emerald core	&Add
		Parama City Beach, PL	□Remove
		Panama City Beach, PL 32407	□Change
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Yandina dada 16 a	ted, the date must be spec erted in this block doe	s not meet the applicable sta	(options of filing or more than 90 days after filing attutory filing requirements, this days	at) ing.) Pursuant to 605.0207 ate will not be listed as
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