

L20000245894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

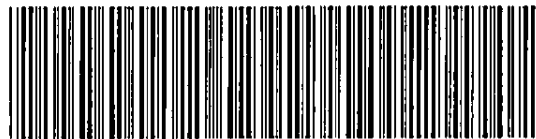
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200423410142

05/20/24--01012--103 **7.50

02/15/24--01011--015 **52.50



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 23, 2024

VADYM NETREBKO
5017 BRANCH LN
JACKSONVILLE, FL 32207

SUBJECT: JAJA LOGISTICS LLC
Ref. Number: L20000285894

We have received your document for JAJA LOGISTICS LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida profit corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 624A00004049

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAJA LOGISTICS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VADYM NETREBKO

Name of Person

JAJA LOGISTICS, LLC

Firm/Company

5017 BRANCH LN

Address

JACKSONVILLE, FL 32207

City/State and Zip Code

netrebkovadim2@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VADYM NETREBKO

904

982-3500

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**

JAJA 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 Company were filed on _____ and assigned
Florida document number L20000285894.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

5017 Branch Ln

(Principal office address MUST BE A STREET ADDRESS)

Jacksonville, FL 32207

Enter new mailing address, if applicable:

5017 Branch Ln

(Mailing address MAY BE A POST OFFICE BOX)

Jacksonville, FL 32207

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

VADYM NETREBKO

New Registered Office Address:

5017 Branch Ln

Enter Florida street address

Jacksonville

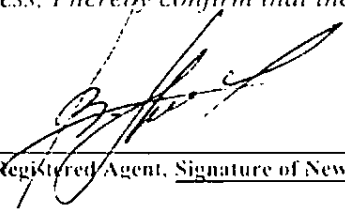
City

Florida 32207

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>	<u>Type of Action</u>
MGR	ALEXANDRU PIVCHIN	8746 BUTTERCUP ST	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32210	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	IRINA CURILCENKO	8746 BUTTERCUP ST	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32210	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
V	DMYTRO STYTSIUK	14969 SANTA LUCIA DR	<input checked="" type="checkbox"/> Add
		CHARLOTTE, NC 28277	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	VADYM NETREBKO	5017 BRANCH LN	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32207	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 03/12/2024 / 1 / 1

Vadym Netrebko
Typed or printed name of signee