

121000114445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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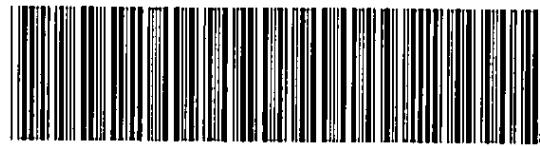
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 19, 2021

EKATERINA BABICH  
6535 GREEN ACRES BLVD  
NEW PORT RICHEY, FL 34655

SUBJECT: IB LOGISTICS LLC  
Ref. Number: L21000114445

We have received your document for IB LOGISTICS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The registered agent must sign accepting the designation.

This office does not file Business Sales Agreements.

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.

Summer Chatham  
OPS

Letter Number: 321A00016530

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

IB Logistics LLC

**SUBJECT:** \_\_\_\_\_ 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:

Ekaterina Babich

Name of Person

---

**Firm/Company**

6535 Green Acres Blvd

---

**Address**

New Port Richey, FL 34655

**City/State and Zip Code**

[katerina.babich@yahoo.com](mailto:katerina.babich@yahoo.com)

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

For further information concerning this matter, please call:

Ekaterina Babich

954 7909823

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**

IB 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 March 10, 2021 and assigned Florida document number L21000114445.

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:** 6535 Green Acres Blvd, New Port Richey, FL 34655

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

6535 Green Acres Blvd, New Port Richey, FL 34655

**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:** Anna Penkova

**New Registered Office Address:** 6535 Green Acres Blvd

*Enter Florida street address*

New Port Richey, Florida 34655

City 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>
AMBR	Igors Bondarevs	2733 Via Cipriani, Unit 832B, Clearwater, FL 33764	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Ekaterina Babich	6535 Green Acres Blvd, New Port Richey, FL 34655	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

**E. 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 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 08 /13 /2021 .

Ed

Signature of a member or authorized representative of a member

Ekaterina Babich  
Typed or printed name of signee

Typed or printed name of signee

**Filing Fee: \$25.00**