

L21000114445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

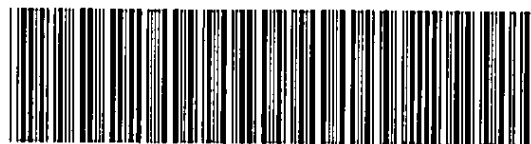
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Special Instructions to Filing Officer:

Received
08/16/21

Office Use Only

J.C.
08/16/21



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FILED
AUG 16 4 11:24



RECEIVED

2021 AUG 16 PM 1:10

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

2021 AUG 16 PM 1:10

RECEIVED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IB 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:

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

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

For further information concerning this matter, please call:

Ekaterina Babich

954 7909823
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**

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:

6535 Green Acres Blvd, New Port Richey, FL 34655

(Mailing address MAY BE A POST OFFICE BOX)

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

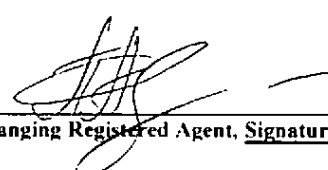
34655

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
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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 08/13/2021 .

Ed-

Ekaterina Babich

Filing Fee: \$25.00