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(Requestor's Name)
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COVER LETTER

TO: Registration Se Division of Cor			ı
Changa Lo	gistics LLC		
SOBOLOT.	Name of Lim	ited Liability Company	-
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Yogawar Changa		
		Name of Person	-
	Changa Logistics LLC		
		Firm/Company	
	2568 Volta Circle		
	- M	Address	
	Kissimmee / FL 34746		
	YogawarChanga@gmail.co	City/State and Zip Code	
		to be used for future annual report notifi	ication)
For further information of	concerning this matter, please ca	ıll:	
Yogawar Changa		407 433-8795	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

SCOUNDY OF DIVING

Changa Losgitics LLC		ZUZIRUY Z9 PRI	Z- 3 <i>i</i> .
(Name of the Limited Liab (A Flor	ility Company as it now appears ida Limited Liability Company)	s on our records.)	
(Name of the Limited Liab (A Flor The Articles of Organization for this Limited Liability		Make middle	, i
he Articles of Organization for this Limited Liability	Company were filed on $\frac{057}{2}$	17/2021 	and assigned
lorida document number L21000227308			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the li	mited liability company he	<u>re</u> :	
he new name must be distinguishable and contain the words "L	imited Liability Company," the de	signation "LLC" or the ab	breviation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADI	DRESS)		
		-	
Inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			

 If amending the registered agent and/or register gent and/or the new registered office address here 		ecords, <u>enter the nam</u>	ne of the new registo
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flore	ida street address	
		, Florida	
	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 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
AMBR	Yogawar Changa	2568 Volta Circle	= Add
		Kissimmee, FL 34746	□Remove
			Change
MGR	Yogawar Changa 25	2568 Volta Circle	[\footnote{\sqrt{Add}}]
		Kissimmee, FL 34746	□Remove
		.	Change
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<u>te:</u> If tl	date, if other than the date is listed, the date in this is effective date on the	block does not	meet the applicab	date of filing or role statutory filing	more than 90 days ng requirements	optional) after filing.) Pursu , this date will n	ant to 605.020 of he listed as
cord sp s filed.	occifies a delayed effec	tive date, but no	ot an effective tim	e, at 12:01 a.m.	on the earlier o	f: (b) The 90th	day after the
الم	November 23		., 2021	<u>.</u> •			
ea							
ed		Y.	MACL member or authori	exter			

Filing Fee: \$25.00