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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
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(Document Number)	
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Special Instructions to Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations		RECEIVE			ð	
SUBJECT:	MVP	Logistics	ited Liability Company			
		Name of Limi	ted Liability Company		FEB -9 AM 8	
				SEC'	RETARY O. S LLAHASSEE.	IATE FL
The enclosed Art	icles of Amendme	nt and fee(s) are subi	mitted for filing.	AT	FFWHYDOER	, 1 -
Please return all c	correspondence co	ncerning this matter (to the following:			
		Maksin	Name of Person	 		
		MUP	Logistics Firm/Company	lic		
		1844 B	oranch V.ng	O	<u> </u>	
			City/State and Zip Cod			2022 F
		Max.Pa E-mail address: (t	1y27@gma	. 1. COM al report notification	n)	í E
For further inform	nation concerning	this matter, please ca	ill:		;n]	1 100 PM 2022 FEB -9 PM
Mak	Name of Person		at (<u>904</u>) Area Code	885 - 985 Daytime Tele	54 phone Number r	2: 22
Enclosed is a che	ck for the followin	g amount:				
□ \$25.00 Filing		00 Filing Fee & rtificate of Status	☐ \$55.00 Filing Fed Certified Copy (additional copy is e		S60.00 Filing Certificate o Certified Co tadditional copy	of Status & py
	Address: ration Section			Address: tration Section	1	
Divisio	on of Corporation	ons	Divisi	on of Corpora	tions	
	ox 6327 issee, FL 32314			'entre of Tallal N. Monroe Str		
randile	13300, I L JEJ 19	•		assee, FL 323		



January 19, 2022

MAKSIM PALY MVP LOGISTICS LLC 1844 BRANCH VINE DR W JACKSONVILLE, FL 32246

SUBJECT: MVP LOGISTICS LLC Ref. Number: L21000499930

We have received your document for MVP LOGISTICS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Foreign Limited Liability Company, but your entity is a Florida Limited Liability Company. 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.

Letter Number: 822A00001431

Diane Cushing Senior Section Administrator

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3 (3)

(Name of the Limited Mability Compar (A Florida Limited L	y as it now appears on our records.) iability Company)	PEB TO
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and massigned 2
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
	_	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1844 Branch V Jacksonville FL 33	ine Dr W
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	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>	Name	Address	Type of Action
AMBIL	Maksim Paly	1844 Branch Vine Or W	
		Jacksanille EL 32246	□Remove
			□ Change
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	ve date, if other than the date of filing:
an effe ote:	ve date, if other than the date of filing:
record is fil	d 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
	~ 2
	Signature of the authorized representative
	MAKSIM PALY
	Typed or printed name of signee

Filing Fee: \$25.00