

L22000127706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

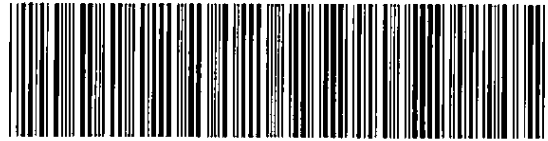
(Business Entity Name)

(Document Number)

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S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JIPARA 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:

Gigi Kojokman

Name of Person

Stay LoGGistics LLC

Firm/Company

2091 NE 36th St Unit 5285

Address

Lighthouse Point, FL 33074

City/State and Zip Code

staylogistics@gmail.com

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

For further information concerning this matter, please call:

Gigi Kojokman

216

5265252

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
1000 N. G St.
Tallahassee, FL 32310

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JIPARA 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 03/14/2022 and assigned
Florida document number L22000127706

This amendment is submitted to amend the following:

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

Stay LoGistics LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

2091 NE 36th St Unit 5285

Lighthouse Point, FL 33074

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2091 NE 36th St Unit 5285

Lighthouse Point, FL 33074

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:

Elizat Baialieva

New Registered Office Address:

2091 NE 36th St Unit 5285

Enter Florida street address

Lighthouse Point


Florida 33074

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	Gigi Kojokman	2091 NE 36th St Unit 5285	<input type="checkbox"/> Add
		Lighthouse Point, FL 33074	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Elizat Baialieva	2091 NE 36th St Unit 5285	<input checked="" type="checkbox"/> Add
		Lighthouse Point, FL 33074	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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