## 122000236928

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#### **COVER LETTER**

TO: Registration Se Division of Cor	. •	,	<b>K</b> ->				
SUBJECT:	Paper Ro	rute Lou	gisdi	'c.s			
	Name of Lim	ited Liability Company					
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	ndence concerning this matter	to the following:					
	Nalery	/ Dey	ak				
		Name of Person 7			•	6555	
		Firm/Company				) 	
	3094 Vist	a Wood	Dr		.: `		;
	3094 Vist Jack	Monville FL	3220	36	ŕ	999 JULIU SH 5: 53	:
		City/State and Zip Code			•	ω	
	E-mail address. (	to be used for future annual r	report notificat	ion)			
For further information co	oncerning this matter, please ca	all:					
Nalerry	Deyak Person	at (904)	612 -	M355			
Name o	f Person	Area Code	Daytime Te	lephone Number			
Enclosed is a check for th	ne following amount:						
₩ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc		S60.00 Filit Certificate Certified C (additional co	of Status		
Mailing Addres		Street Ad	ldre <u>ss:</u>				
Registration S			ntion Section of Cornor				
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Paper Loui	te logistics	
(Name of the Limited Liability Compa (A Florida Limited I	lability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 22000 2 36 928</u>	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "LLC" or the ab 3091 VISA Wood Jacksonville, F1 3	breviation "L.L.C."  A AV  2226
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the nan</u>	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	3 357 3 357 3 63
	, Florida	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.

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		5/	20/22				
ective date, if other than the effective date is listed, the date mu	st be specific an	g. d cannot be prio	r to date of filing	g or more than 90	(optional days after filing	.) Pursuan	t to 605.020
e: If the date inserted in this blument's effective date on the D				filing requiren	ents, this date	e will not	be listed a
cord specifies a delayed effective filed.	re date, but no	t an effective	ime, at 12:01	a.m. on the earl	ier of: (b) T	he 90th di	ay after the
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Filing Fee: \$25.00

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
rusident-owner Valeriy I Deyak	3094 Visda Wood Dr vacksonville, Fl 32226	[ ] Add
·	packsonville, Fl 32226	□Remove
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# State of Florida Department of State

I certify from the records of this office that .PAPER ROUTE LOGISTICS, LLC., is a limited liability company organized under the laws of the State of Florida, filed electronically on May 20, 2022, effective May 20, 2022.

The document number of this company is L22000236928.

I further certify that said company has paid all fees due this office through December 31, 2022, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 220602113811-300388215493#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Second day of June, 2022



Cora Byra 1
Secretary of State