

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only/Otato/Zip// Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
4/4

Office Use Only

200430643752

05/31/24--01026--002 **43.75

2024 AUG 23 PM 12: 33 SJORECT ON OF STATE

Come Chand

AUG 3 0 2024

D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	DRATION: Dro Logistics LLC	· -				
	1BER:					
The enclosed Article	es of Amendment and fee are st	abmitted for filing.				
Please return all corr	espondence concerning this ma	atter to the following:				
	Andrei Karneichyk					
		Name of Contact Perso				
	Dro Logistics LLC					
		Firm/ Company	<u> </u>			
	825 McCullough ave, apt 20.	5				
		Address				
	Orlando, Fl. 32803					
	<u> </u>	City/ State and Zip Cod	le			
	andreikarne@gmail.com			3 <u>3</u>	2024,	
	E-mail address: (to be u	sed for future annual report	notification)		NU:	
For further information	on concerning this matter, plea	se call:			2024 AUG 23 PK 12: 3	1
Andrei Karneichyk		a (+	de & Daytime Telephone		<u>5</u>	7.
Name	of Contact Person	Area Co	de & Daytime Telephone	Number	<u>_</u> ယ	
Enclosed is a check f	or the following amount made					
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Am Div	iling Address endment Section ision of Corporations 3. Box 6327	Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



July 10, 2024

ANDREI KARNEICHYK DRO LOGISTICS LLC 825 MCCULLOUGH AVE., APT 205 ORLANDO, FL 32803

SUBJECT: DRO LOGISTICS LLC Ref. Number: L23000070376

We have received your document for DRO LOGISTICS LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a 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.

Diane Cushing Operations Manager A

- 23 6 3 2324

Letter Number: 424A00014936

ARTICLES OF AMENDMENT TO . ARTICLES OF ORGANIZATION OF

DRO LOGISTICS LLC	(0)
(Name of the Limited Liability Compa	ny as it now appears on our records.)
(, , , lotter , , , , , , , , , , , , , , , , , , ,	,
The Articles of Organization for this Limited Liability Company	were filed on 02/08/2023 Fand assigned
Florida document number <u>L230007037</u> 6	• ,
Piorida document flumber <u>L230000403</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
DDD Studio IIC	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	
(Studing dudress STAT DE ATOST OFFICE DOA)	
B. If amending the registered agent and/or registered office a	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:	
. tallio of the transportation riger.	
New Registered Office Address:	

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.

City

Enter Florida street address

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
	4 41 1 1 1 1 1 1 1

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			\ _Add
			Remove
			□Add
			□Remove
			□Change

-	
•	
-	
-	
_	
-	
-	
-	
_	
-	
-	
-	
•	
-	
-	
an cf <u>sote:</u>	ive date, if other than the date of filing:
d is fi	
ated	8 / 14 / 20 24
	The state of the s
	Signature of a member or authorized representative of a member
	Andrei Karneichyk Typed or printed name of signee
	ANOTE: KOTHEICHYL