## L73000175741

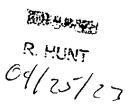
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Poyeaux Logistic Sarvices 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:	
Dayainas B Payaux Name of Person	
Poyeaux dogistic Sarvicas LLC Pirm/Company	
10501 SW 155 ct #1123 Address	
MIGHT FL 33196  City/State and Zip Code	
Samira - 25 @ 01/001 . Com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Dayanas B Poyeaux at (186) 972 2489  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$\Bigcu	
* Mailing Address: Street Address:  Registration Section Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Polyaux Logistic Sarvices		
(Name of the Limited Liability Company as it n (A Florida Limited Liability C	now appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were fil-	led on $04/10/203$ and	assigned
Plorida document number <u>L23000175741</u>	, -	_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability con	npany here:	
Pogravy dogistic sarvicus LLC		
The new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "LLC" or the abbreviation	ı "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
	13 12   N	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	[T] TI	1]
	<u> </u>	
	- H - G	
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, enter the name of the	new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
City	Zip Co	ode

## 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> 10501 Sw 155Ct #1123	Type of Action
<u>HGR</u>	Darainus B Payuaux	Mah FL 33196	åkada
CEO	Daramus & Poykavi	10501 SW 155Ct # 1123 MIGHI FL 33196	
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		·	□Remove
			□ Change

Effective date, if other than the date of filing: (optional)  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Parsuant to 605.02076  Note: If the date inserted in this block does not meet the applicable statutory tiling requirements, this date will not be listed as a document's effective date on the Department of State's records.  The record 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 ord is filed.  Dated ONLY NOOS  Signature of a member or authorized representative of a member		
Effective date, if other than the date of filing:		
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