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COVER LETTER

	S LINE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Julia Kononova		
	Name of Limited Liability Company stelosed Articles of Amendment and fec(s) are submitted for filing. return all correspondence concerning this matter to the following: Julia Kononova		
	JK Accounting Group Corp	Name of Person Name of Person Timp/Company 13 street Address Pines, FL 33025 City/State and Zip Code countinggroup.com F-mail address: (to be used for future annual report notification) matter, please call: 186 3181505 Area Code Daytime Telephone Number Mount: Filling Fee & Certified Copy (additional copy is enclosed) Street Address: Registration Section	
	Name of Limited Liability Company Immedment and fee(s) are submitted for filting. Idence concerning this matter to the following: Julia Kononova Name of Person JK Accounting Group Corp Firm/Company 11347 SW 13 street Address Pembroke Pines, FL 33025 City/State and Zip Code julia@jkaccountinggroup.com E-nual address: (to be used for future annual report notification) necerning this matter, please call: 786 Area Code Daytime Telephone Number Following amount: \$\Pi\$ \$30.00 Filing Fee & Certificate of Status Certificate of Status Street Address: Registration Section Division of Corporations		
	11347 SW 13 street		
		Address	
	Pembroke Pines, FL 33025	3	
		City/State and Zip Code	
	É-mail address: (to be used for future annual report noti	ification)
For further information of	oncerning this matter, please ca	all:	
Julia Kononova			
Name o	f Person	Area Code Daytim	ne Telephone Number
Funtand in a sheek for the	he following amount:		
		C SSS OO UUU aa Paa W	T \$60.00 Uiling Upp
	_	Certified Copy	Certificate of Status & Certified Copy
			ection
		Division of Co	rporations
P.O. Box 632		The Centre of 1	lallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOGISTICS LINE LLC			
(Name of the Limi	ted Lighility Compa (A Florida Fimited l	ns as it now appears on our rec tability Company)	ords.)
The Articles of Organization for this Limited I Florida document number <u>L23000247060</u>	iability Company	were filed on $\frac{05/19/2023}{}$	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "I united Liabi	hty Company," the designation "	L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2832 Stirling Rd	
•	address MUST BE A STREET ADDRESS) SUITE C PMB1034		
		Hollywood, FL 33020	
Enter new mailing address, if applicable:		832 Stirling Rd	
tMailing address MAY BE A POST OFFICE	ddress MAY BE A POST OFFICE BOX) SUITE C PMB1034		
		Hollywood, Ft. 33020	
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office ess here:	address on our records, <u>er</u>	ter the name of the nex registered
Name of New Registered Agent:	Vladyslav Stro	<u>yev</u>	5
New Registered Office Address:	2520 Lincoln S	Street	P
THE WINDSHIP STATES THE		Litter Florida street ac	ldress - C
	Hollywood		. Florida 33020 The 29
		(11)	Zur Cook

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. D.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby 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>	Address	Type of Action
MGR	KUZMINOV, ARTEM	510 LAVERS CIRCLE	
		DELRAY BEACH, FL 33444	Remove
			Change
AMBR	STROYEV VLADYSLAV	2520 Lincoln Street	— Add
		Hollywood F1. 33020	©Remove
			Change
			DA6d
			GRemovi N
			OREMOVE 29
			5 .0
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			□Change

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etive date, if other than the date of filing: effective date is listed, the date must be specific and carnot be prior to date of file. If the date inserted in this block does not meet the applicable statut ment's effective date on the Department of State's records.	filing or more than 90 days after filing.) Pu	irsuant to (405,0207 (3) I not be listed as the
ord specifies a delayed effective date, but not an effective time, at 12: filed.	:01 a.m. on the earlier of: (b) The 9	Oth day after the
d November 10 2023	The second of th	
Signature of a member or authorized repre	esentative of a member	
•		

Filing Fee: \$25.00