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SÉCRETARY OF STATE DIVISION OF CORPORATIONS

2023 OCT -2 PM 3: 22

Y. SCOTT OCT 1 4 2023

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	Orshe L. Ne Name of Lim	SON LLC ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
	Tarshe L	Name of Person		_
		Firm/Company		202
	9317 Bou	ity hance		30CT
	_	Address		-2
	Seffner,	FL 33584 City/State and Zip Code		1013 OCT -2 PH 3: 22
	E-mail address: (to be used for future annual report notific	cation)	70 (4)
For further information	concerning this matter, please ca	all:		
Tarshe L Name	of Person	at (813) UIQ. Q	258 Telephone Numbe	ī.
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)	Certifica Certifica	filing Fee, ate of Status & I Copy Il copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Sect	ion	

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

TUKSINE K. NEIS		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) (Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on $00,222023$ and assigne	ed
Florida document number <u>L2300030039</u> 0		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Kirshe Logistics LKC		<u></u> ;
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "LLC.	**
Enter new principal offices address, if applicable:	NA B SA	
(Principal office address MUST BE A STREET ADDRESS)	 	
7 meipai office and the 1700 22. The 1700 1700 1700 1700 1700 1700 1700 170	אַ כּיִייּ	=
	<u> </u>	Š
	PRA PORA	
Enter new mailing address, if applicable:	7 5 5 m	
(Mailing address MAY BE A POST OFFICE BOX)	<u>~</u>	
B. If amending the registered agent and/or registered office	address on our records, enter the name of the new re	gister
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	J/A	
	Enter Florida street address	
	NA , Florida NA	
	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 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>	Type of Action
			□Add
			□Remove
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ord specifies a delayed effi filed.	ective date, bu	t not an	effective	time, at 1	2:01 a.m. c	n the earlie	r of: (b)	The 90th	day af	ter th
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	Signature	of a men	iber or aut	horized rer	resentative	of a member				

Typed or printed name of signee