

L23000416217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

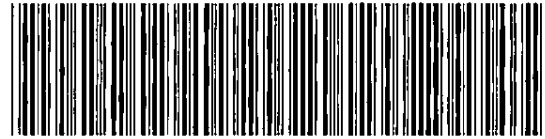
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/26/23--01025--018 **25.00

2023 SEP 26 PM 12:36

A. PARISHANI

OCT 08 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KEEN & ABLE LOGISTICS (USA) 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:

Sonia Becerra

Name of Person

Swyft Filings

Firm/Company

3 Greenway Plaza #1320

Address

Houston, TX 77046

City/State and Zip Code

info@legalcorpsolutions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sonia Becerra

Name of Person

at (877)

Area Code

777-0450

Daytime Telephone Number

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)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

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

Street Address:

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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

KEEN & ABLE LOGISTICS (USA) LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

09/06/2023

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L23000416217

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 7520 NW 104th Ave Suite 103
(Principal office address **MUST BE A STREET ADDRESS**) Doral, FL 33178

Enter new mailing address, if applicable: 7520 NW 104th Ave Suite 103
(Mailing address **MAY BE A POST OFFICE BOX**) PMB 118
Doral, FL 33178

B. If amending the registered agent and/or registered office 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: _____

New Registered Office Address: _____
Enter Florida street address
_____, Florida _____
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.

X 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> | <u>Type of Action</u> |
|--------------|--------------------|-----------------------------|--|
| AMBR | ANDREW KONOVALENKO | 1601-1 N MAIN ST #3159 | <input type="checkbox"/> Add |
| | | JACKSONVILLE, FL 32206 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | ANDREW KONOVALENKO | 7520 NW 104th Ave Suite 103 | <input checked="" type="checkbox"/> Add |
| | | Doral, FL 33178 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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(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.) Pursuant to 605.0207 (3)(b)

If 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 record is filed.

Dated

September 14/2023

X  Signature of a member or authorized person

Signature of a member or authorized representative of a member

ANDREW KONOVALENKO

Typed or printed name of signee

Filing Fee: \$25.00