## LZ4000032677

(Requestor's Name)
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(City/State/Zip/Phone #)
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## **COVER LETTER**

TO: Registrat Division				
	ĆARGO	LLC		
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed Artic	cles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all co	orrespon	dence concerning this matter	to the following:	
		Vitalii Kysliuk		
			Name of Person	
			Firm/Company	
		2358 Kings Lake Blvd		
			Address	
		Naples FL 34112		
		sintyuk.denis@gmail.com	City/State and Zip Code	
		= =	to be used for future annual repo	rt notification)
For further informa	ation cor	ncerning this matter, please co	all:	
DENYS SYNTIU	К		470 96234 <sup>0</sup>	77
}	Vame of I	Person		aytime Telephone Number
Enclosed is a check	k for the	following amount:		
<b>≡</b> \$25.00 Filing I	Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)
<u>Mailing A</u> Registra			Street Addre Registratio	
Division of Corporations		Division of	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

**UA CARGO LLC** (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{01/16/2024}{1}$ and assigned Florida document number 1.24000032677 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 \_\_\_\_\_\_ Zip Code City

## 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
MGR	Vitalii Kysliuk	2358 Kings Lake Blvd	BAdd
		Naples FL 34112	□Remove
			□Change
		-	
			□Remove
			□Change
			□Add
			□Remove
			Change
		<u></u>	□Add
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			DAdd´ ?
			Remove
			□ Change
			□Remove
			□Change

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ffective date, if other than the an effective date is listed, the date mustote: If the date inserted in this blocument's effective date on the D	it be specific and cannot be prior to date of filing or more than ock does not meet the applicable statutory filing requi	(optional) 90 days after filing.) Pursuant to 605.020' rements, this date will not be listed as
is filed.	e date, but not an effective time, at 12:01 a.m. on the o	2
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ated	Denys Syntick	<del></del> 
ated	Denys Syntick Signature of a member or authorized representative of a me	ember 1.3

Filing Fee: \$25.00