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(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	—
(Document Number)	
Certified Copies Certificates of Status	
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## **COVER LETTER**

TO: Registration Se Division of Cor					
TRANS-LO	OGIK LLC				
SUBJECT:	Name of Lin	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
	Alexander Cano				
		Name of Person			
Trans-Logik LLC					
Firm/Company					
2871 SW 133rd Avenue					
		Address			
	Miami, FL 33175				
	mr.alexandercano@gmail.c	City/State and Zip Code			
		to be used for future annual report notif	ication)		
For further information c	oncerning this matter, please e	all:		2024 F	ur.î.tā
Alexander Cano		305 742-8344 at ()		2024 FEB 16	11
Name o	f Person	Area Code Daytime	: Telephone Number	6 PH	1 8
Enclosed is a check for th	ne following amount:			2: 55 2: FL	6.2.9
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	ng Fee.	

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRANS-LUGIN 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 $\frac{01/29/2024}{\text{Elorida document number}}$	and assigned
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, <u>enter the na</u> agent and/or the new registered office address here:	ame of the new regi
Name of New Registered Agent:	924 F
New Registered Office Address:	: B
Enter Florida street address . <b>Florida</b>	TO THE
City . Finitia	-: Zip Code
Nan Degistered Agent's Signature if changing Projectored Agents	E CO

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>	Address	Type of Action
AMBR	Alexander Cano	2871 SW 133rd Avenue Miami, FL 33175	<b>=</b> Add
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Effective date, if other than the date (If an effective date is listed, the date must)  Note: If the date inserted in this blood document's effective date on the Dep	be specific and ck does not i	d cannot be p neet the app	olicable statu	filing or more tory filing r	than 90 days at	i <b>tional)</b> ter filing.) Pr his date wil	ri	5.0207 (:
he record specifies a delayed effective ord is filed.	date, but not	t an effectiv	e time, at 12	:01 a.m. on	the earlier of:	(b) The 9	0th day afte	er the
Dated February 12		2024						
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	Agnature of a		uthorized repr					

Typed or printed name of signee