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## **COVER LETTER**

Division of Corporations
SUBJECT: AHG LOGISTIC L.L.C.  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:
EMEL GEREILLI
Name of Person
AHG LOGISTIC L.L.C.
AHG LUGISTIC L.L.C.  Firm/Company  405 Alafaya woods blud. APt-H  Oviedo - Florida - 32765  Address
City/State and Zip Code  Code
E-mail-address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Emel Gerekli at (+1) 321 UU 9768  Name of Person at (+1) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

AHG LO	GISTI	C LiliC.	
( <u>Name of the Limiter</u> ()	l Liability Compa \ Florida Limited l	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Lia Florida document number <u>L 24000</u>	bility Company 17300	were filed on	and assigned
This amendment is submitted to amend the follow	ving:		•
A. If amending name, enter the new name of t	the limited liab	ility company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liabil		
Enter new principal offices address, if applical (Principal office address MUST BE A STREET)		405 Alafaya c Apt. H Quiedo-	FL-32765
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	405 Alafayar APT-H Outedo	usads 6/vd.
B. If amending the registered agent and/or reg agent and/or the new registered office address		address on our records, enter the	name of the new registered
Name of New Registered Agent:	17D£	M GEREKLI	401 4
New Registered Office Address:	4US AIG	faya woods blud  Enter Florida street address	- W/4 . 11
		City Florid	
N. D. Carlotta and Plantage of Calculation De			

## 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 Changing Registered Agent, Signature of New Registered Agent

AHG LOGISTIC L.L.C. EIN number = 994335081 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
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		<del></del>	Remove
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effective date is liste e: If the date inse	ner than the date of filing:  Ind, the date must be specific and cannot be parted in this block does not meet the applicate on the Department of State's reco	plicable statutory filing require	(optional) 0 days after filing.) Pursuant to 605.020 ments, this date will not be listed a
cord specifies a de s filed.	layed effective date, but not an effective	ve time, at 12:01 a.m. on the ea	rlier of: (b) The 90th day after th
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Filing Fee: \$25.00