

L24000216168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

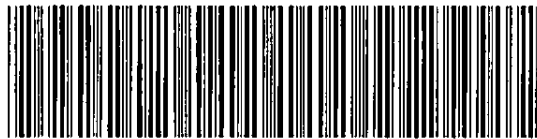
(Document Number)

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08/16/24--01018--005 **25.00

2024 AUG 16 7:20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Oshin Logistics 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:

Alberto Cruz

Name of Person

Oshin Logistics LLC

Firm/Company

425 Gaston Foster Road Suite I

Address

Orlando, Florida 32807

City/State and Zip Code

MCS@transcompservice.com

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

For further information concerning this matter, please call:

Alberto Cruz

347 302-1625
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Oshin Logistics 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 05/08/2024 and assigned Florida document number L24000216168.

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)

425 Gaston Foster Road Suite 1

Orlando, Florida 32807

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4711 Chatham Court

Orlando, Florida 32812

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:

Alberto Cruz

New Registered Office Address:

425 Gaston Foster Road Suite 1

Enter Florida street address

Orlando

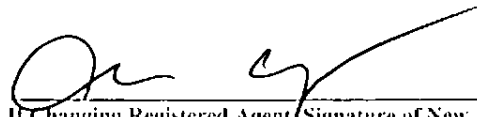
City

, Florida 32807

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 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	CHASE R HIPPENSTEEL	795 SCRUB OAK HAMMOCK ROAD	<input type="checkbox"/> Add
		DAVENPORT, FL 33837	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Ambr	DOMONIC MCLIN	795 SCRUB OAK HAMMOCK ROAD	<input type="checkbox"/> Add
		DAVENPORT, FL 33837	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Ambr	ALBERTO CRUZ	425 Gaston Foster Road Suite I	<input type="checkbox"/> Add
		Orlando, Florida 32807	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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.


Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00