

L24000470400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

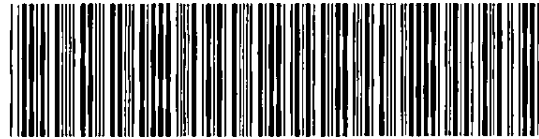
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

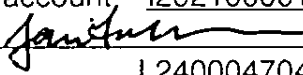


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FILED
2024 DEC 10 AM 10:18
TALLAHASSEE, FLORIDA

FILED
2024 DEC 10 PM 4:55
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: \$ 25.00
Authorization Signature 
UGX Logistics LLC L24000470400
Business #Document

Walk in _____ Will wait _____

_____ Certified Copies of the Articles of Incorporation
_____ Certificate of Status

NEW FILINGS

_____ Profit
_____ Not for Profit
_____ LLC
_____ Domestication
_____ INC
_____ CORP
_____ OTHER

AMENDMENTS

___X___ Amendment
_____ Resignation of R.A.
_____ Change of Registered Agent
_____ Dissolution/Withdrawal
_____ Conversion
_____ Statement of Authority
_____ Merger
_____ Amended and Restated Articles

OTHER FILINGS

_____ Annual Report
_____ Fictitious Name
_____ Statement of Authority
_____ APOSTIL _____
COUNTRY

REGISTRATION/QUALIFICATIONS

_____ Foreign Filing
_____ Partnership
_____ Reinstatement
_____ CORRECTION for a LLC
_____ Domestication of a Foreign Corp.
_____ Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: UGX 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:

LEON BARD

Name of Person

UGX LOGISTICS LLC

Firm/Company

3620 Colonial BLVD Suite 150

Address

Fort Myers FL 33966

City/State and Zip Code

UGXLogistics@gmail.com

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

For further information concerning this matter, please call:

Leon Bard

239 822-3952
at ()

Name of Person

Area Code

Daytime Telephone Number

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**

UGX LOGISTICS LLC

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

FILED
2024 DEC 10 AM 10:18

TALLAHASSEE, FLORIDA
and assigned

The Articles of Organization for this Limited Liability Company were filed on 11/06/2024

Florida document number L24000470400

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)

3620 Colonial BLVD

Suite 150

Fort Myers FL 33966

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3620 Colonial BLVD

Suite 150

Fort Myers FL 33966

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:

3620 Colonial BLVD Suite 150

Enter Florida street address

Fort Myers

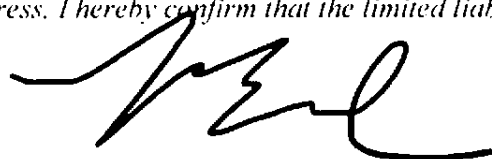
Florida 33966

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.



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>
MGR	Ruslana Melnikova	9160 Forum Corporate Parkway Suite 350	<input type="checkbox"/> Add
		Fort Myers FL 33905	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lucy Bard	9160 Forum Corporate Parkway Suite 350	<input type="checkbox"/> Add
		Fort Myers FL 33905	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Leon Bard	3620 Colonial Blvd Suite 150	<input checked="" type="checkbox"/> Add
		Fort Myers FL 33966	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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2024 DEC 10 AM 10:18
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 December 10, 2024

Signature of a member or authorized representative of a member

Leon Bard

Typed or printed name of signee