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	(Requestor's Name)
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PICK-UF	P WAIT MAIL
-	(Business Entity Name)
	(Document Number)
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Certified Copies	Certificates of Status
Special Instructions	to Filing Officer
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Taganko	Logistics I	<u> ThC</u>	
DOCUMENT NUMB	ER:			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Alla Uh	10-011		
-	<u> Alia V</u>	Name of Contact Perso		
-	<u> lagav</u>	to Logistics Firm/Company	Inc_	
		. 1		
_	3100 SE fed	lekal Nwy	# 1048	
		Address		
	Stu	City/State and Zip Cod	994	
-		City/ State and Zip Cod	e	
-	E-mail address: Up be us	alogistics of operations of the contract of th	mail. com Inotification)	
For further information	concerning this matter, pleas	se call:		
Alla V	yazovkina Kontact Person	at (<u>470</u> Area Co		<u>8</u> 308645
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy	☐\$52.50 Filing Fee Certificate of Status	
		(Additional copy is enclosed)	Certified Copy (Additional Copy is enclosed)	
<u>Maili</u>	ng Address	Street	<u>Address</u>	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation

FILED

Taganka	Logistics	In	2022 MAR 29 PH 1: 06
P 21000		ntly filed with the Florid	la Dept. of State) SEURE TARY OF 574 FALLAHASSEE, FLOO
	(Document Number	r of Corporation (if know	n)
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06, Florida Statutes, th	is Florida Profit Corpord	ution adopts the following amendment(s)
A. If amending name, enter the new name	of the corporation:		
			The new
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Cory" chartered," "professional association," or	o, "Inc," or "Co".	A professional corpore	rated" or the abbreviation "Corp.," ation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		<u>3100 SE</u> # 1048	Federal hwy
		Stuart,	FL 34994
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF		1407010	Federal hwu
		#1042, S	tuart, FL 34994
D. If amending the registered agent and/o new registered agent and/or the new r			the name of the
Name of New Registered Agent			
	- 1		
_	(Florida	street address)	
New Registered Office Address:			, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if char			
I hereby accept the appointment as registere	d agent. I am familia	ir with and accept the obt	igations of the position.
	Signature of New	v Registered Agem, if cha	nging
	(,	Grand Grand	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added;

*(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	PT	John Do	<u>ıe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove	٠			
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6)Change		_		
Add				
Remove				

•	(Be specific)			

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				·
an amendment provides for an excl	bange reclassification	n or cancellation c	f iccued charec	
rovisions for implementing the amo	endment if not contai	ned in the amenda	nent itself:	
(if not applicable, indicate N/A)	·			
7718				
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<u> </u>		•	· -u ·=·	·

The date of each amendment(s) adoption: <u>29 March 2022</u> date this document was signed.	, if other than the
Effective date if applicable: 29 March 2022 (no more than 90 days after amendment file date)	
Note : If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without sharehold action was not required.	
☑ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amen by the shareholders was/were sufficient for approval.	dment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment(
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Dated3.29.2022	
Signature (By a director, president or other officer – if directors or officers have no selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	
HILA VYOZOVKING (Typed or primed name of person signing)	
President Owner (Title of person signing)	
(The or person signing)	