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(Cit	y/State/Zip/Phone	: #)	
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COVER LETTER

TO: Amendm	ent Section Division of Corporati	ons		
SUBJECT: LNB 1	OGISTICS CORP.			
	Name	e of Corporation		
DOCUMENT NU	MBER: P23000001768			
The enclosed Ame	ndment and fee are submitted for	filing.		
Please return all ec	orrespondence concerning this ma	iter to the follow	ing:	
LAZAR BIJELIC				
	Name of Contact Person			
LNB LOGISTICS	CORP			
- 11 - 1	Firm/Company			
4600 SW 67TH A	VE APR233			
	Address			
MIAMI FL 33155				
	City/State and Zip Code	_		
OFFICE@LETITI	BEESOLUTIONS.COM			
E-mail addre	ss: (to be used for future annual r	eport notification)	
For further informa	ation concerning this matter, plea-	se call:		
LAZAR BIJELIC		305 at (6468284	
Name	of Contact Person	Area Co	de & Daytime '	Felephone Number
Enclosed is a check	k for the following amount:			
1\$35 Filing Fee		☐ \$43.75 F Certified C	_	☐ \$52.50 Filing Fee, Certificate of Status Certified Copy

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Talfahassee, FL 32314 Street Address:

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

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

2023 JAN 17 AM 6: 51

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	P23000001768		
	(Document number o	f corporation (if known)	
ENB LOGISTICS CORP.			·
	e of corporation as it appears or	the records of the Denurtmen	at of State)
FLORIDA	t with the property with the property with	-	
(Incorporated u	inder laws of)	3(Date authorized	to do business in Florida)
	src.	FION II	
	(4-7 COMPLETE ONLY TE		ES)
. If the amendment changes the name incorporation?	-	=	aws of its jurisdiction of
(Name of corporation after the ame not contained in new name of the c	ndment, adding suffix "corpora orporation)	ition." "company," or "incorpo	orated," or appropriate abbreviation.
(If new name is unavailable in Flori	da, enter alternate corporate nar	me adopted for the purpose of	transacting business in Florida)
5. If the amendment changes the	period of duration, indicate new	v period of duration.	
	(New)	duration)	
7. If the amendment changes the	jurisdiction of incorporation, in	dicate new jurisdiction.	
	(Now in	rrisdiction)	
	(inem ju	ansured only	
. If amending the registered agent	and/or registered office addre	ess in Florida, enter the name	e of the
new registered agent and/or the r			
Name of New Registered Agen	LAZAR BIJELIC		
	4600 SW 67TH AVE APR2	33	
	(Florida stre	et address)	
New Registered Office Address:	MIAMI	. 1	- Horida - 33155
	(City)		(Zip Code)
New Registered Agent's Signatu	re, if changing Registered Age	ent:	
I hereby accept the appointment as			ons of the position.
[Bidio			
Usignature of New	Registered Agent, if changing		

9. If the amendment changes person, title or eapacity in accordance with 607.1504 (4), indicate that change:

P LAZAR BIJELIC 4600 SW 67TH AVE APR233 MIAMI FL 33155 P LAZAR BJELIC 4600 SW 67TH AVE APR233 Add MIAMI FL 33155 ERemove	Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
P LAZAR BJELIC 4600 SW 67TH AVE APR233 Add MIAMI FL 33155	Р	LAZAR BIJELIC	4600 SW 67TH AVE APR233	⊠ Add
				Remove
	P	LAZAR BJELIC		
				Ekemove
Exemove				
				bbA□
CRemove				Remove
				□Add
				©Remove
10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the juunder the laws of which it is incorporated.	10. Attached is a of the applicat under the laws	certificate or document of similar import, c tion to the Department of State, by the Secre s of which it is incorporated.	evidencing the amendment, authenticated no tary of State or other official having custody	of more than 90 days prior to deliver of corporate records in the jurisdiction
			Velić	
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	/_			_
(Typed or printed name of person signing) (Title of person signing)	LA2,	Typed or printed pages of parson signings		SENT Signing)

FILING FEE \$35.00