

07/09/2013 16:47 Division of Corporations #8225 P 001/005 Page 1 of 1
L/3000079529

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : EAGLE TAX REPRESENTATION, CORP.
Account Number : 120070000037
Phone : (954) 752-4553
Fax Number : (954) 752-4522

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VMT LOGISTICS LLC

RECEIVED
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TALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	0
Page Count	05
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K. SALY
EXAMINER

OCT 10 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VMT 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:

Tiago L Morelli
Name of Person
Eagle Tax Representation Corp
Firm/Company
4641 N State Rd 7 Ste 18
Address
Coconut Creek, FL - 33073
City/State and Zip Code
paulo@eagle-tax.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paulo Oliveira, EA at 954 752-4553
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clinton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
13 OCT -9 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VMT 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 06-01-2013 and assigned
Florida document number L13000079529

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 end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Enter Florida street address

_____, Florida _____

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 608, 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

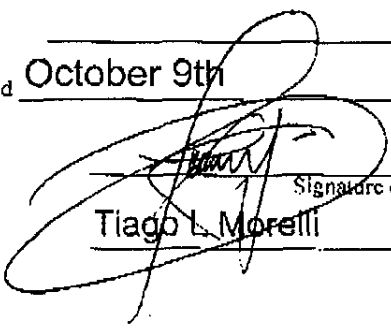
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	AnneMarie L Morelli	7942 Sweetgum Loop	<input type="checkbox"/> Add
		Orlando, FL - 32835	<input checked="" type="checkbox"/> Remove
MGRM	Tiago L Morelli	123 Greenwich Cir	<input checked="" type="checkbox"/> Add
		Jupiter, FL - 33458	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated October 9th, 2013



Signature of a member or authorized representative of a member

Tiago L. Morelli

Typed or printed name of signer