

# 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.)*

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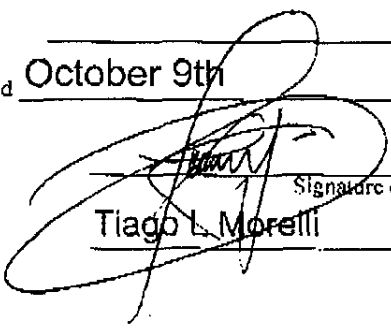
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Dated October 9th, 2013



Signature of a member or authorized representative of a member

Tiago L. Morelli

Typed or printed name of signer