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COVER LETTER

Division of	Corporations
NV T	ransportation & Logistics LLC
	Name of Limited Liability Company
The enclosed Article	s of Amendment and fee(s) are submitted for filing.
Please return all corr	espondence concerning this matter to the following:
	Iris L. Nolasco
	Name of Person
	NV Transportation & Logistics LLC
	Firm/Company
	10635 Pontofino Circle
	Address
	Trinity Florida 34655
	City/State and Zip Code
	iris_nolasc@yahoo.com E-mail address: (to be used for future annual report notification)
For further informati	on concerning this matter, please call:
Iris L. Nolasco,	Treasurer 727 236-6286
Na	me of Person Area Code Daytime Telephone Number
Enclosed is a check t	or the following amount:
□ \$25.00 Filing Fe	e ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

N.V. Fransportation & Logistics		
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number		and assigned
This amendment is submitted to amend the following	g:	
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	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	:	
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or registered agent and/or the new registered office :		r the name of the new
	-	MAR TO
Name of New Registered Agent:		The state of the s
New Registered Office Address:		
	Enter Florida street address	i i i i i i i i i i i i i i i i i i i
	, Florida _	Zip Code
	City	zip Coae سيج

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGRM	Iris L. Nolasco	10635 Pontofino Circle	
		Trinity, Florida 34655	Remove
			□ Remove
···			Add
			☐ Remove
			□ Add
			Refflove MAR 7
			Add 2
			
			□ Add

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(optional)
nnot be more than 90 days after
mor oc more trans 70 days taker
mor oc more than 70 tays ther
more and the days dies
mot oc more than 70 days diter
mot oc more than 70 days ther
ative of a member

Page 3 of 3

Filing Fee: \$25.00

