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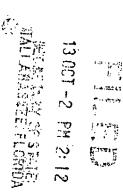
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 24, 2013

MDT CARGO XPERT LLC 900 E. SIX FORKS RD., #159 RALEIGH, NC 27604

SUBJECT: MDT CARGO XPERT LLC

Ref. Number: L13000024520

We have received your document for MDT CARGO XPERT LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6952.

Letter Number: 513A00022417

Deidre Butler Regulatory Specialist II

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www.sunbiz.org

COVER LETTER

T0: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: MDT CARGO XPERT LLC
DOCUMENT NUMBER: <u>L 43 0000 24 5 20</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
MUT CARGO XPERT LLC Firm/Company
900 E. 51% FORKS RJ. #159 Address
RAICIGH, NC 27604 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DYADNA PASSOS at (239) 271-7419 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	Name of Limited Liability Company		
The en	nclosed Articles of Amendment and fee(s) are submitted for filing.		
Please	e return all correspondence concerning this matter to the following:		
	DYADNA PASSOS Name of Person		
	MDT CARGO XPERT LLC.		
	900 E. Sox Forks Rd. #159	***	
	RA 1696h, NC 27604 City/State and Zip Code	13 DOT	. 1918] . 1918
	E-mail address: (to be used for future annual report notification)		«
For fur	orther information concerning this matter, please call:		Taken Taken
arrama poster e erabana es	DYAGNA PASSOS at (239) 271-7419 Name of Person at (239) 271-7419 Area Code & Daytime Telephone Number	2: 12 LORIDA	i brens
Enclose	sed is a check for the following amount:		
□ \$25	5.00 Filing Fee Satus Certificate of Status Certified Copy Certified Copy (additional copy is enclosed)	Status &	

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

MDT ()ARGO	Xpert LLC
(Name of the Limited Liability Compan (A Florida Limited Li	iy as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company	were filed on and assigned
Florida document number <u>L130000 24520</u> .	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	<u>ility company here</u> :
VIDRANT COMMUNIC	Ations LLC.
The new name must be distinguishable and end with the words "Limit"L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	37. N. ORANGE AVENUE
(Principal office address MUST BE A STREET ADDRESS)	50°4e 500
	ORIANDO, FL 32801
Enter new mailing address, if applicable:	37 N. ORANGE AVENUES
(Mailing address MAY BE A POST OFFICE BOX)	Suite 500
	URIANDO, FL 32901
B. If amending the registered agent and/or registered off	
registered agent and/or the new registered office address here	
Name of New Registered Agent:	YADNA PASSOS
New Registered Office Address: 37 No.	ORANGE, AVE. SUPE 500 Enter Florida street address
ORIA	AND Florida 32801 City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	ap sone

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 = Mar MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
ATTORNEY 211 ATTORNEY 211 A.	<u></u>	***************************************	Add
			Remove
			Add
			Remove
			Remove
			Add ()
			Remove Remove
			Add
			Remove
		<u> </u>	
		······	Add
			Remove

. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	_N/A
ated _	September 29. 2013.
	Dioso
	Signature of a member of authorized representative of a member
	Typed or printed name of signee
	D 2 42

Page 3 of 3

Filing Fee: \$25.00

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