Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Fax Number : (850)617-6383

From:

Account Name : EAGLE TAX REPRESENTATION, CORP.

Account Number : 120070000037 : (954)752-4553 Phone 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

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

K. SALY EXAMINER

OCT 1 0 2013

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Help

COVER LETTER

TO:

Registration Section Division of Corporations

VMT LOGISTICS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filling.

Please return all correspondence concerning this matter to the following:

Tiago L Morelli

Name of Person

Eagle Tax Representation Corp

F:rm/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 Arca Code & Daytime Telephone Number

Name of Person

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

Registration Section Division of Corporations Clirton Building 2661 Executive Center Circle Tallahassee, FL 32301

STREET/COURIER ADDRESS:

10/08/2013 16:47

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



VMT LOGISTICS LLC
(Name of the Limited Liabitity Company as it now appears on our records.)
(A Florida Elimited 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:
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) ticles of Organization for this Limited Liability Company were filed on 06-01-2013
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
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

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.

City

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 Title. <u>Name</u> <u>Address</u> Type of Action **MGRM** AnneMarie L Morelli 7942 Sweetgum Loop Orlando, FL - 32835 Tiago L Morelli 123 Greenwich Cir **MGRM** Jupiter, FL - 33458 Remove Remove

II amending any other informat	ion, enter change(s) h	ere: (Attach additiona	l sheels, if necessary.)
			·
October 9th	2013		
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The state of the s	·)		
Tiago L Morelli	nature of a member or aut	horized representative of	a member
	Typed or prii	nted name of signee	
	Pa	ge 3 of 3	
	Filing	Fee: \$25.00	