

Division of Corporations

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L14000068151
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 : LAXMY'S CARRIER SERVICES
Account Number : I20040000007
Phone : (305) 640-0281
Fax Number : (305) 640-0282

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

Email Address: LAXMYC2001@yahoo.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VC TRANSPORT LLC

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MAR 21 2014
D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VC TRANSPORT 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:

JOSE A GONZALEZ

Name of Person

VC TRANSPORT LLC

Firm/Company

1759 NW 80TH AVE # 38C

Address

MARGATE, FL, 33063

City/State and Zip Code

OCUMARE24@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAXMY CHACON

Name of Person

at **(305) 640-0281**

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 STATE OF FLORIDA
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VC TRANSPORT 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 01/28/2014 and assigned Florida document number L14000014701

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:

370 SW 67TH TERRACE

(Principal office address MUST BE A STREET ADDRESS)

PEMBROKE PINES, FL, 33024

Enter new mailing address, if applicable:

370 SW 67TH TERRACE

(Mailing address MAY BE A POST OFFICE BOX)

PEMBROKE PINES, FL, 33024

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 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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HOFFMAN A DIAZ ESAA	1759 NW 80TH AVE # C38	<input type="checkbox"/> Add
		MARGATE, FL, 33063	<input checked="" type="checkbox"/> Remove
MGR	DOUGLAS PALMA PINTO	370 SW 67TH TERRACE	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FL, 33024	<input type="checkbox"/> Remove
MGR	RUBEN RODRIGUEZ	370 SW 67TH TERRACE	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FL, 33024	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Four horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MARCH 20TH 2014

Handwritten signature of Jose A Gonzalez

Signature of a member or authorized representative of a member

JOSE A GONZALEZ

Typed or printed name of signer

FILED 2014 MAR 20 AM 10:11 DEPARTMENT OF STATE TALLAHASSEE FLORIDA