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Special Instructions to Filing Officer: CORRECTION TO MGR PER CONVERSATION WITH DIEGO RODRIGUEZ 7/9/2014 KS



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K. SALY EXAMINER JUL - 9 2014

# **COVER LETTER**

TO: Registration Se Division of Cor			
VC T	RANSPORT L	.LC	
SUBJECT: VO 1		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DIEGO ROD	RIGUEZ	
	<del></del>	Name of Person	
	VC TRANSF	PORT LLC	
	- " "	Firm/Company	·
	370 SW 67	TERRACE	
	<del></del>	Address	<del></del>
	PEMBROKE	PINES, FL 330	24
		City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notific	cation)
For further information of	oncerning this matter, please ca	ıll:	
DIEGO RO	DRIGUEZ	at 954 513	5959
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZOIL III
2014 JUL -8 PH 12
ALLAHASSEE FLORE
SSEE, FI OF

and assigned

## **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 03/20/2014

Florida document number L14000014/01	
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of t	the limited liability company here:
The new name must be distinguishable and end with the wo	vords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ble:
(Principal office address MUST BE A STREET	( ADDRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BE	BOX)
registered agent and/or the new registered office	• · · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	JOSE RAUL, BECERRA.
New Registered Office Address:	9715 SW 114 TH CT
	JOSE RAUL. BECERRA.  9715 SW 114 TH CT  Enter Florida street address  MIRNÍ FL., Florida 33176.  City Zip Code
New Registered Agent's Signature, if changing Reg	
	l agent and agree to act in this capacity. I further agree to comply with to r and complete performance of my duties, and I am familiar with and

Page 1 of 3

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>	Name	Address	Type of Action
MGR	DIEGO RODRIGUEZ	1759 NW 80 AVENUE	Add
<del></del>		#38C	■ Remove
		MARGATE, FL 33063	
MGR	JOSE A GONZALEZ	1759 NW 80 AVENUE	□ Add
<del>-</del>		#38C	■ Remove
		MARGATE, FL 33063	
MGR	OMAR A ROJAS	1759 NW 80 AVENUE	Add
		#38C	Remove
		MARGATE, FL 33063	
MGR	DOUGLAS PALMA PINTO	370 SW 67 TERRACE	 □ Add
		PEMBROKE PINES, FL 33024	■ Remove
MGR	RUBEN RODRIGUEZ	370 SW 67 TERRACE	— Add
		PEMBROKE PINES, FL 33024	Remove
			A Remove
MGR	JOSE RAUL BECERRA	9715 SW 114th CT.	— ■ Add
<del></del>		MIAMI, FL 33176	Remove
		2001/10	in Kelliove
			<u></u>

<u> </u>				
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<del></del>				
Sective date, if other effective date must be spe	than the date of filing:	of receipt or file	ed date and cannot be n	(optional) ore than 90 days after
date this document is file	d by the Florida Department of	of State)		(optional) ore than 90 days after
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Filing Fee: \$25.00