

L14000014701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

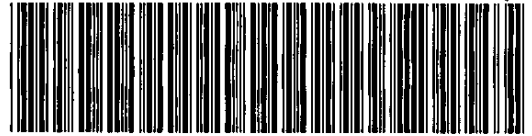
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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

Office Use Only



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07/08/14--01020--013 **30.00

FILED
2014 JUL -8 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUL - 9 2014

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:

DIEGO RODRIGUEZ
Name of Person

VC TRANSPORT LLC
Firm/Company

370 SW 67 TERRACE
Address

PEMBROKE PINES, FL 33024
City/State and Zip Code

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

For further information concerning this matter, please call:

DIEGO RODRIGUEZ at (954) 513 5959
Name of Person 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

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)

FILED
2014 JUL -8 PM 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/20/2014 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:

(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:

JOSE RAUL BECERRA

New Registered Office Address:

9715 SW 114 TH CT

Enter Florida street address

MIAMI FL

City

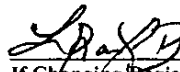
Florida

33176

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	DIEGO RODRIGUEZ	1759 NW 80 AVENUE	<input type="checkbox"/> Add
		#38C	<input checked="" type="checkbox"/> Remove
		MARGATE, FL 33063	
MGR	JOSE A GONZALEZ	1759 NW 80 AVENUE	<input type="checkbox"/> Add
		#38C	<input checked="" type="checkbox"/> Remove
		MARGATE, FL 33063	
MGR	OMAR A ROJAS	1759 NW 80 AVENUE	<input type="checkbox"/> Add
		#38C	<input checked="" type="checkbox"/> Remove
		MARGATE, FL 33063	
MGR	DOUGLAS PALMA PINTO	370 SW 67 TERRACE	<input type="checkbox"/> Add
		PEMBROKE PINES, FL 33024	<input checked="" type="checkbox"/> Remove
MGR	RUBEN RODRIGUEZ	370 SW 67 TERRACE	<input type="checkbox"/> Add
		PEMBROKE PINES, FL 33024	<input checked="" type="checkbox"/> Remove
MGR	JOSE RAUL BECERRA	9715 SW 114 th CT.	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33176	<input type="checkbox"/> Remove

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

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 6.26, 2014



Signature of a member or authorized representative of a member

JOSE RAUL BECERRA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00