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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: U.SA_I_Transpart_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:
David Becerra
USA 1 Transport
6113 Seminole Gardens Cir
Palm Beach Gardens, F1, 33418
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Daniel Paul Name of Person  -at (321) 604-7467  Area Code  Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\int \text{\$30.00 Filing Fee & Certificate of Status} \text{\$\subseteq \text{\$55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \$\subseteq \text{\$\subseteq \seteq \text{\$\subseteq \seteq \seteq \text{\$\subseteq \seteq \seteq \seteq \seteq \seteq \text{\$\subseteq \seteq

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

VSH 1 Name of the Limite	d Liability Compa	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Lia Florida document number			and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	6113 Semino	le Gardensc
(Principal office address MUST BE A STREET	(ADDRESS)	palm Beach	<u>Gardens</u>
Enter new mailing address, if applicable:		FL 33418	
(Mailing address MAY BE A POST OFFICE B	(OX)		11
			5
B. If amending the registered agent and/o registered agent and/or the new registered off			the name of the new
Name of New Registered Agent:	Dau	id H Becerro	1
New Registered Office Address:	6113	Seminale Ga	rdens GI
	Palm Ba	City Carden S, Florida	33418 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name.	Address.	Type of Action
AMBR	David & Beeng	6113 Seminole Garo	en Add
		6113 Seminole Garo Palm Beach Gardens FL 33418	□ Remove
		FL 33418	Change
			Remove
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ective date, if other than effective date is listed, the date. If the date inserted in the	is block does not meet	the applicable stati	(op filing or more than 90 days a story filing requirements,	otional) fer filing.) Pursuant to 605.020 his date will not be listed a
ument's effective date on t	ne Department of State	s's records.		
record specifies a dela he 90th day after the	yed effective date record is filed.	e, but not an eff	ective time, at 12:01	. a.m. on the earlier o
ed 4-7-17	7	·		

Page 3 of 3.

Typed or printed name of signee

Filing Fee: \$25.00