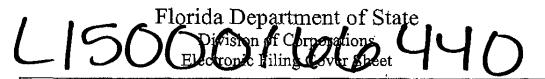
10/29/2015

Division of Corporations



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(((H15000258757 3)))



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October 30, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

KAVADOSA TRANSPORT LLC 215 SE 3RD AVE

STE: 502 C

HALLANDALE, FL 33009

SUBJECT: KAVADOSA TRANSPORT LLC

REF: L15000166440

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative!

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II FAX Aud. #: H15000258757 Letter Number: 115A00022993

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15 NOV -2 PM 2: 56
SECRETARY OF STATE

2015 NOV -2 AH 8: 21
SECKE JAKE OF STATE
ALLAHASSEF FINED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KAVADOSA TRANSPORT LLC		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our recor Limited Liability Company)	ds.)
The Articles of Organization for this Limited Liability Co		
Florida document number L15000166440		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
VVHM TRANSPORT LLC		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1
Principal office address MUST BE A STREET ADDR	ESS)	DECO CE COMPANY
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Enton non malling adduces if annihables		SSTE
Enter new mailing address, if applicable:		-171 2
Mailing address MAY BE A POST OFFICE BOX)		
		8: 21 PRISE
 If amending the registered agent and/or regist egistered agent and/or the new registered office addr 		•
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	255
		•
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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
MGR	Julio Cesar Ribeiro Cavassa	215 SE 3RD AVE STE: 502 C	
		HALLANDALE, FL 33009	■ Remove
			☐ Change
MGR	Viviane Marques da Silva	215 SE 3RD AVE STE: 502 C	∃ Add
		HALLANDALE, FL 33009	□ Remove
	,		Change
			□ Add
			☐ Remove
			Change
			D Change
			Add ON PREMOVE
			Change
			Add
			C Remove
			T Change

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	ective date, but not s filed. 2015	an effective time, at	12:01 a.m. on the	ne earlie

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