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COVER LETTER

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TO: Regis	stration Sec sion of Corp		•	
SUBJECT:	VG CARGO	XPRESS LLC		
50000011		Name of Limi	ted Liability Company	rson any ip Code e annual report notification) 392-7423 ode Daytime Telephone Number ng Fee & Copy \$60.00 Filing Fee, Certificate of Status &
The enclosed	Articles of A	amendment and fee(s) are sub	nitted for filing.	
Please return	all correspor	dence concerning this matter	to the following:	
		GILBERTO VIEIRA		
			Name of Person	
		VG CARGO XPRESS LLC	c ·	
			Firm/Company	
		6030 NW 99th AVENUE,	UNIT 401	
			Address	
		DORAL . FL 33178		
		gvieira@grupovgllc.com	City/State and Zip Code	
			to be used for future annual report notific	cation)
For further in:	formation co	ncerning this matter, please ca	all:	
GILBERTO	VIEIRA		305 392-7423	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & 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

VG CARGO XPRESS LLC		
(<u>Name of the Limited Liz</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	ty Company were filed on 03/04/2016	and assigned
Florida document number L16000045398		
This amendment is submitted to amend the following	g;	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain 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 AL	ODRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or registered agent and/or the new registered office a		er the name of the ne
		1 mm 4
Name of New Registered Agent:		
New Registered Office Address:		7 5
	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 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>	<u>Name</u>	Address	Type of Action
MGR GIL, GABRIEL		10427 OLD CUTLER RD APR 10.	
		MIAMI, FL 33190	
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ient's effective	: date on the	Department o	of State's re	cords.						
cord specific 90th day a	es a delay ofter the r	red effective record is file	e date, bi	ut not ar	n effectiv ^	/e time,	at 12:01	a.m. on t	the ear	rlier c
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AUGUST 31			2016		}					
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	· 	Signature o	f a member o	or authorize	d cepresent	ative of a r	nember	<u>-</u> -		
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