L16000175130

(Re	questor's Name)	
(Ade	dress)	
(Adi	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to I	Filing Officer:	
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COVER LETTER

Registration Section

TO:

Division of Cor	porations —		
Vie's Truck	ring LLC		
SUBJECT.	Name of Lin	ited Liability Company	····
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter		
	-	_	
	Jeff Jerkins		
		Name of Person	
	Browning Accounting Gro	Name of Person up Corp Firm/Company Address City/State and Zip Code to be used for future annual report notification) all:	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	1991 S Kanner Hwy		
		Address	
	Stuart, FL 34994		Person Impany Sess 1 Zip Code Ture annual report notification) 2 266-4712 Code Daytime Telephone Number Siling Fee & Gopy Certificate of Status & Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations
		City/State and Zip Code	·
	Browningacct@gmail.com	to be used for future annual report n	otification)
For further information c	oncerning this matter, please c	·	ocanony
Jeff Jerkins			
	f Person		in Polonia Nombra
Name o	retson	Area Code Dayii	ime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration S			lection
Division of C		•	
P.O. Box 632	7	The Centre of	Tallahassee
Tallahassee, l	FL 32314	2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vie's Trucking LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	,
The Articles of Organization for this Limited Liability (Company were filed on 10/01/2016	and assigned
Florida document number 1.16000175130		
'his amendment is submitted to amend the following:		2020
This amendment is submitted to amend the following: A. If amending name, enter the new name of the lin The new name must be distinguishable and contain the words "Lin	nited liability company here:	FILE OCT 28
he new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" of	or the abbreviation P.L.G
Enter new principal offices address, if applicable:		75
Principal office address MUST BE A STREET ADD	RESS)	$\ddot{\omega}$
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		
3. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter th</u>	ne name of the new registo
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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 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>	<u>Address</u>	Type of Action
AMBR	Altidor, Andrenice	2138 Cape Cod Dr	
		Port St Lucie, FL 34953	■Remove
			□ Change
			🗖 Add
			Remove Flage CO PHAD O3
			Shafte F
			□Remove
			□ Change
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<u>vote:</u> If	the date inserted in this	block does no	ot meet the app	licable statut	tory filing requ	rements, this o	late will no	ot be l	isted as
ocumen	it's effective date on the	Department o	of State's recor	ds.					
records d is filed	specifies a delayed effec d.	tive date, but	not an effective	e time, at 12:	01 a.m. on the	earlier of: (b)	The 90th	day at	fter the
0	ctober 19		2020	\cap					
pated	·								
		7	ツへて	7					
		Signature	farmember or at	thorized repre	esentative of a m	ember			

Typed or printed name of signee