1100001782416

•
(Requestor's Name)
(Address)
(
(Address)
(City/State/Zip/Phone #)
(Sity/State/Elp/1 Hollow)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100299410271

100299410271 05/18/17--01006--004 **25.00

17 HAY 18 AM 9: 45
SECRLIARY OF STATE

S Warren MAY 1 9 2017

COVER LETTER

Div	ision of Corp	porations			
SUBJECT:	Victorious T	ransport LLC			
oobube i.		Name of Lim	ited Liability Company		
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		Lucy campo			
			Name of Person	, , , , , , , , , , , , , , , , , , , 	
	Victorious Transport LLC				
Firm/Company					
		2425 SE Stonecrop St			
	Address				
		Port st Lucie, FL 34984			
			City/State and Zip Code		
		Victorioustrans@gmail.com			
		·	to be used for future annual report notifi	(cation)	
For further in	nformation co	oncerning this matter, please ca	all:		
Lucy campo	•		321 460-3474 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is	a check for th	e following amount:			
5 \$25.00 i	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)	

TO:

Registration Section

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRÉSS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

victorious Transport				
(Name of the Limi	ted Liability Company as (A Florida Limited Liabil	it now appears on output the company)	ur records.)	
The Articles of Organization for this Limited Laboration for the Laboration for th	iability Company wer	e filed on Septen	nber 23, 2016	and assigned
his amendment is submitted to amend the foll	lowing:			
A. If amending name, <u>enter the new name o</u>	of the limited liability	company here:		
The new name must be distinguishable and contain the	words "Limited Liability C	ompany," the designa	tion "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applic	eable:			
<u>Principal office address MUST BE A STREE</u>	ET ADDRESS)	34355E	Stonec.	100 St 34 984
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE	BOX)			
3. If amending the registered agent and registered agent and/or the new registered o	Ψ	address on our	records, enter	the name of the
Name of New Registered Agent:	Lucy Campo			
	2425 Se stonecrop	st		
New Registered Office Address:			· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	_	Enter Florida str	eet address	
New Registered Office Address:	Port st Lucie	Enter Florida str City	eet address , Florida	34984 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 withis accument 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>	<u>Address</u>	Type of Action
MGR	Wilber Belmontes	2425 SE Stonecrop st	□ Add
		Port St Lucie, FL 34984	Remove
			Change
MGR	Lucy Campo	2425 SE Stonecrop	
		Port st Lucie Fi 34984	■ Remove
			☐ Change
			Add
			Remove
			□ Change
			Add
			□ Remove
			Change
			Add Add ACCOMMON PROVE ACCOMMON PROVE Change TI
·			SSHE Changen Changen

☐ Change

	elmontes as Manager ar	nd remove Lucy campo	from being Manage	er	

		· · · · · · · · · · · · · · · · · · ·			
tive date, if other th	an the date of filing:	May 11, 2017		_ (optional)	
	this block does not me	annot be prior to date of the et the applicable statute	ling or more than 90 d ory filing requireme	ays arter nung.) Pu nts, this date wil	I not be liste
If the date inserted in	the Department of Sta	ite's records.			
					A.L
If the date inserted in nent's effective date or					the earlie
If the date inserted in nent's effective date or ecord specifies a de	elayed effective da ne record is filed.	te, but not an effe	ctive time, at 1	2.01 8.111. 011	
If the date inserted in nent's effective date or ecord specifies a de		te, but not an effe	ctive time, at 1	2.01 8.111. 011	
If the date inserted in nent's effective date or ecord specifies a de 90th day after the		te, but not an effe	ective time, at 1	2:01 8:111. 011	
If the date inserted in nent's effective date or ecord specifies a de 90th day after the		te, but not an effe	ective time, at 1	Z:01 a.m. on	17
If the date inserted in nent's effective date or ecord specifies a de 90th day after the	ne record is filed.	·		SECRI TALLA	17 MA
If the date inserted in nent's effective date or ecord specifies a de 90th day after the	ne record is filed.	ember of authorized repre		SECRI TALLA	IZ MAY I
If the date inserted in nent's effective date or ecord specifies a de 90th day after the	ne record is filed.	·		SECRI TALLA	17 MAY 18 AM

Filing Fee: \$25.00