L16000223363

(Requestor's Name)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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COVER LETTER

Tallahassee, FL 32314

er.	R&V TRANSPORTATION LLC 5 "				
CI:		Name of Lim	ited Liability Company		
losed	Articles of A	emendment and fee(s) are sub	mitted for filing.		
eturn	all correspon	dence concerning this matter	to the following:		
		ARLEN RODRIGUEZ			
			Name of Person		
		EBYAR PROFESSIONAL	. OFFICE SERVICES		
			Firm/Company		
			Address		
		LONGWOOD, FL 32775			
		lification)			
her in	iformation co				
√RÖ	DRIGUEZ		407 692-0101		
	Name of	Person	Area Code Daytin	ne Telephone Number	
d is a	check for the	e following amount:			
1.00 F	iling Fee	□ \$36.00 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)	
			Street Address: Registration Sc		
Division of Corporations			Division of Co	•	
1	Divide the control of	her information collecturn all corresponding February Same of Mailing Fee Mailing Address Registration S Division of Co.	Name of Lim Name of Lim Name of Lim losed Articles of Amendment and fee(s) are subseturn all correspondence concerning this matter ARLEN RODRIGUEZ EBYAR PROFESSIONAL 2989 W STATE RD 434 S LONGWOOD, FL 32775 SFTEAYUDAMOS@YAH E-mail address: (ther information concerning this matter, please of Person d is a check for the following amount: 200 Filing Fee S 30.00 Filing Fee & Certificate of Status Mailing Address: Registration Section	Division of Corporations R&V TRANSPORTATION LLC Name of Limited Liability Company losed Articles of Amendment and feets) are submitted for filing. eturn all correspondence concerning this matter to the following: ARLEN RODRIGUEZ Name of Person EBYAR PROFESSIONAL OFFICE SERVICES Firm/Company 2989 W STATE RD 434 SUITE 400 Address LONGWOOD, FL 32775 City/State and Zip Code SITEAYUDAMOS@YAHOO.COM E-mail address: (to be used for future annual report not her information concerning this matter, please call: RODRIGUEZ Name of Person Area Code Daytin d is a check for the following amount: 200 Filing Fee: City/State and Zip Code SITEAYUDAMOS@YAHOO.COM E-mail address: (to be used for future annual report not her information concerning this matter, please call: Control of Person Area Code Daytin Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

T	\mathbf{O}				
ARTICLES OF C	ORGANIZATION 🕏 🤫				
O	OF Section 1				
R&V TRANSPORTATION LLC					
(Name of the Limited Liability Compa (A Florida Limited)	ORGANIZATION OF any as it now appears on our records.) Liability Company) y were filed on 12/09/2016 and assigned				
The Articles of Organization for this Limited Liability Company	v were filed on 12/09/2016 and assigned				
Florida document number 1.16000223363					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	bility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "L.C." or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	608 PRAIRIE LN				
(Principal office address MUST BE A STREET ADDRESS)	ALTAMONTE SPRINGS, FL 32714				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered				
Name of New Registered Agent:					
New Registered Office Address:					
	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

Title	<u>Name</u>	<u>Address</u>	Type of Action
P	REINALDO VERDECIA VELOZ	608 PRAIRIE LN.	□Add
		ALTAMONTE SPRINGS, FL 32714	□Remove
			≘ Change
MGR	ABEL E LOPEZ DORA	127 N WEATHERSFIELD AVE	■Add
		ALTAMONTE SPRINGS, FL 32714	□Remove
			□ Change
			□Add
			□Remove
			□Change
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			□Remove
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		A CONTRACTOR OF THE CONTRACTOR	 -
			
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	,		,
Effective date, if other than the da	te of filing:	(optional)
(It'an effective date is listed, the date must be Note: If the date inserted in this block	specific and cannot be prior to da	te of filing or more than 90 days after filing	g.) Pursuant to 605.0207 (3)
document's effective date on the Depa	rtment of State's records.	state of y ming requirements, mis date	e war not be fished as the
he record specifies a delayed effective di ord is filed.	ate, but not an effective time,	at 12:01 a.m. on the earlier of: (b) T	he 90th day after the
SEPTEMBER 13	2021		
Dated	·		
Ruderst	//		
	nature of a member or authorized	d representative of a member	
REINALDO VERDECIA	VELOZ		
·	Typed or printed na	me of signee	

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Caption Control

Filing Fee: \$25.00