L1700045700

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only/Otale/2/p// Horie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Contilled Continue Contilled to all Status
Certified Copies Certificates of Status
Considerations to Filing Officer
Special Instructions to Filing Officer:
J. HORNE
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2022 AUG 10 AM 8: 21

COVER LETTER

TO: Registration Sec Division of Corp		*	
SUBJECT: VT	2 Logistics	ed Liability Company	
The enclosed Articles of A	imendment and fee(s) are subn	nitted for filling.	
Please return all correspon	dence concerning this matter to	o the following:	
	Rajan	R. Shamah Name of Person	
		Firm/Company	
	6534 B	ai Kal Plaze	
	Lakeland	FIL 33805 City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notifi	ication)
For further information co	incerning this matter, please ca	all:	
Rajan Name of	R. Shamah	at (<u>407</u>) <u>692 -</u> Area Code Daytime	31 3 3 Telephone Number
Enclosed is a check for th	e following amount:		
✓ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u>	<u>s:</u>	Street Address:	

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FII ED	<i>(</i> *)
SECRETARY AH 8: 32	
SECRETARY Grand	

V+R LogiStics LLC SECRETOR AH 8:32
(Name of the Limited Liability Company as it now appears on our recorded LAMASSEE).
he Articles of Organization for this Limited Liability Company were filed on feb. 27, 2017 and assigned lorida document number L 1700045700.
his amendment is submitted to amend the following:
If amending name, enter the new name of the limited liability company here: LOGICS TransPort LLC he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)
3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
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	Name	Address	Type of Action
AMBR	Vanessa Shumah	6534 BaiKal Place	DAdd
		Lakeland, FL 33B05	\ Remove
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Filing Fee: \$25.00