

L17000081984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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S Warren

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: An Cap Transportation  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jerry Vilus  
Name of Person  
An Cap Transportation  
Firm/Company  
5000 NW 64th Drive  
Address  
Coral Springs FL 33067  
City/State and Zip Code  
Jvilus27@gmail.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Jerry Vilus at (954) 422-2876  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 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)

**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**

An Cap Transportation

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/18/17 and assigned  
Florida document number L170000081984.

This amendment is submitted to amend the following:

**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 ADDRESS)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Ruth Cherisma

New Registered Office Address:

5020 NW 64th Drive

Enter Florida street address

Coral Springs

City

Florida

33067

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.*

Ruth Cherisma

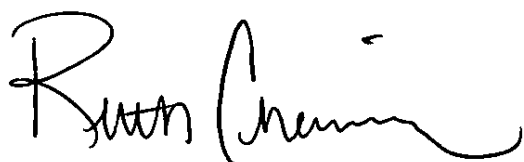
If Changing Registered Agent, Signature of New Registered Agent

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TREASURY  
FLORIDA

**MGR = Manager**  
**AMBR = Authorized Member**

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Change  
Remove  
Change  
SECONDARY OF STATE  
TALLAHASSEE, FLORIDA

I Ruth Cherisma, is familiar with and accepts the obligations of the position of the  
registered agent.

A handwritten signature in black ink, appearing to read 'Ruth Cherisma'. The signature is fluid and cursive, with a large initial 'R' and a long, sweeping underline.

Ruth Cherisma

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated

May 11<sup>th</sup> 2017

  
Signature of a member

Signature of a member or authorized representative of a member

Jerry Vilus  
Typed or printed name

Typed or printed name of signee

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