

# L 17000082663

## Florida Department of State

### Division of Corporations Electronic Filing Cover Sheet

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Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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SECRETARY OF STATE  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP  
Account Number : I20190000068  
Phone : (407)326-8484  
Fax Number : (407)604-6519

2021 JUN -2 AM 5:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 03 2021  
A. LUNT

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Adm@medeirossouza.com

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VIA ONE TRANSPORT LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: VIA ONE TRANSPORT LLC**

\_\_\_\_\_  
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:

THAYS KLOPPERS

\_\_\_\_\_  
Name of Person

MEDEIROS SOUZA CORP

\_\_\_\_\_  
Firm/Company

845 N GARLAND AVE, STE 100

\_\_\_\_\_  
Address

ORLANDO, FL 32801

\_\_\_\_\_  
City/State and Zip Code

adm@medeirosouza.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thays Kloppers

407

326-8484

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 Address:**

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

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TALLAHASSEE, FLORIDA  
CLERK OF STATE

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIA ONE TRANSPORT LLC

(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 04/12/2017 and assigned Florida document number 117000082663.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

ORLANDO VIPCAR TRANSPORTATION LLC

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:

12020 VILLANOVA DR. APT 107

(Principal office address MUST BE A STREET ADDRESS)

Orlando, FL 32837

Enter new mailing address, if applicable:

12020 VILLANOVA DR. APT 107

(Mailing address MAY BE A POST OFFICE BOX)

Orlando, FL 32837

**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:

MEDEIROS SOUZA CORP

New Registered Office Address:

845 N GARLAND AVE, STE 100

*Enter Florida street address*

ORLANDO

Florida

32801

*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.*

*RL*

**If Changing Registered Agent, Signature of New Registered Agent**

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**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>	<u>Type of Action</u>
AMBR	RENATO RODRIGUES	12024 VILLANOVA DR APT 111	<input type="checkbox"/> Add
		ORLANDO, FL 32837	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
ABR	Via one transporte executivo LTDA	Rua MÁRIO AGOSTINELLI 150 BLOCO 2 AP 1107	<input type="checkbox"/> Add
		RIO DE JANEIRO, RJ, 22775-046 BR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed

Dated ORLANDO, 06.02.2021

PL

Signature of a member or authorized representative of a member

Ruihen Souza

Typed or printed name of signee

**Filing Fee: \$25.00**