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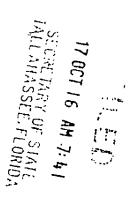
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COVER LETTER

TO:		istration Sec sion of Corp				
SUBJEC		VDV TRAN	SPORT LLC			
SUBJE	(. 1 ; _		Name of Lim	ited Liability Company		
The encl	losed	Articles of /	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn .	all correspor	idence concerning this matter	to the following:		
				ALBA E VIVAR		
				Name of Person		
			MIAMI DISPA	TCH AND CARRIER SERVICES		
	Firm/Company 8040 NW 95TH ST STE 106					
			****	Address		
			HALI	EAH GARDENS, FL 33016		
			E-mail address: (to be used for future annual report noti-	fication)	
For furth	ner in	formation co	neerning this matter, please ca	ull:		
ALBA I	E VIV	/AR		305 822-0255		
	<u>.</u>	Name of	Person	at () Area Code — Daytime	e Telephone Number	
Enclosed	d is a	check for the	e following amount:			
⊟ \$25.	.00 Fi	Filing Fee \$\Bigcup \$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)	
		MAILE	NG ADDRESS:	STREET/COURI	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VD	V TRANSPOR	T LLC			
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited I	ny as it now appears on clability Company)	our records.)		
The Articles of Organization for this Limited Liab Florida document number £17000085137	ility Company	were filed on $\frac{04/17/2}{}$	017	and assigned	
This amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of th	ne limited liabi	ility company here:			
The new name must be distinguishable and contain the word	ls "Limited Liabil	ity Company," the designa	ntion "LLC" or the al	obreviation "L.L.C,"	
Enter new principal offices address, if applicable	le:	1100 SW 113TH AVE			
(Principal office address MUST BE A STREET A		PEMBROKE PINES, FL 33025			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	PEMBROKE PINES, FL 33025				
New Registered Office Address:		ETO H AVE Enter Florida su		the name of the new	
-		City	, r iorida <u>**</u>	Sign Calle	
New Registered Agent's Signature, if changing Reg	istered 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.

f 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>	Address	Type of Action
P	MARIA BARRETO	1100 SW 113TH AVE	
		PEMBROKE PINES, FL 33025	□ Remove
			☐ Change
			□ Remove
			☐ Change
			Remove
			□ Change
			Add
			□ Remove
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i effective d	te is listed, the date must be spe	ecific and cannot be pri	or to date of filing o	or more than 90 days a	fter filing.) Pursuant	to 605.0
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ne Jour	day after the record is	, med.				
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_	Signat	ure of a materbar of au	thorized representa	tive of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00