## 117000126529

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700301064327

07/11/17=-01025 - 005 - \*\*50.66



JUL 13 2317 2 CHEVERS

## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJI	ECT: <u>Victor</u>	y Roadway Truckin Name of Lim	ng, LLC, ited Liability Company	······································
The en	iclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Maria Ars		····
			Name of Person	
		Victory R	Roadway Trucking, LL	ıC
			Firm/Company	
		PO Box 19	90687, San Juan, PUe	erto Rico 00919
		·	Address	
		San JUan	Puerto Rico 00919-0	1687
			City/State and Zip Code	
		maria vić E-mail address:(	ctoryroadwaytrucking to be used for future annual report notif	J. COM lication)
For fu	rther information c	oncerning this matter, please co	alt:	
	Maria Arsı Name o	iaga	at ( <u>787</u> ) <u>425-70 6</u> Area Code Daytime	7 Telephone Number
Enclos	sed is a check for th	ne following amount:		
□ <b>\$</b> 2	5.00 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:

TO:

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

Victory Roadway Trucking 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 \_\_\_\_\_\_6/9/2017\_\_\_\_\_\_ and assigned L17000126529 Florida document number \_\_\_\_ 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) PO Box 190687 Enter new mailing address, if applicable: San Juan, Puerto Rico (Mailing address MAY BE A POST OFFICE BOX) 00919-0687 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: New Registered Office Address: Enter Florida street address

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

<u>Title</u>	Name	Address	Type of Action
Manager	Maria Arsuaga	PO Box 190687, San Juan	
		Puerto Rico 00919-0687	⊠ Remove
			Change
			Add
			Remove
			Change
			🗖 Add
		<u></u>	☐ Remove
			Change
			□ Add
		· · · · · · · · · · · · · · · · · · ·	Remove
		$\mathcal{A}$	∵ _ ☐ Change
		• • • • • • • • • • • • • • • • • • •	751 Add
			□ □ Remove
			Change
			☐ Remove
			☐ Change

· · · · · · · · · · · · · · · · · · ·	455
	7 7
	<i>S</i> 2 →
	7:0
	(F) (P)
at the total and the date of fillings.	to a total (antional)
fective date, if other than the date of filing: <u>inmediately</u> neffective date is listed, the date must be specific and cannot be prior to date of	of filing or more than 90 days after filing.) Pursuant to 60:
te: If the date inserted in this block does not meet the applicable star- cument's effective date on the Department of State's records.	tutory thing requirements, this date will not be tist
record specifies a delayed effective date, but not an el	ffective time, at 12:01 a.m. on the earli
he 90th day after the record is filed.	-
	-2
ted June 27, 2017	94-//
June 27, 2017	Til

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00