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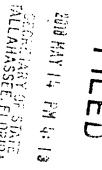
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COVER LETTER

TO:	Registration of	n Section Corporations					
SUBJE	CT:	V&B TECHNOLOGIES G	ROUP, LLC				
00201		Name of Lir	nited Liability Company				
The end	closed Articles	s of Amendment and fee(s) are sul	bmitted for filing.				
Please	return all corre	espondence concerning this matter	r to the following:				
		VICTOR C	САМАСНО				
			Name of Person				
		S.V LOGISTI	CS AND DISTRIBUTION LLC				
			Firm/Company				
6405 NW			W 36TH ST SUITE 107				
		******	Address				
		DORAL FI	L 33166				
	City/State and Zip Code						
		E-mail address:	(to be used for future annual report notifi	cation)			
For furt	ther information	on concerning this matter, please of	call:				
VICTOR CAMACHO			at (at (<u> </u>			
	Nan	ne of Person	Area Code Daytime	Telephone Number			
Enclose	ed is a check fo	or the following amount:					
£X \$25	5.00 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

V&B TECHNOLOGIES GROUP, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on	and assigned
Florida document numberL17000165174		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
NA		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDRESS</u>	D	

Enter new mailing address, if applicable:	NA	
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		er the name of the n
Service and and the new registred differ address	nere.	
Name of New Declary 1 A	NA	THE THE
Name of New Registered Agent:		Sai
New Registered Office Address:		Br. t.
	Enter Florida street address	7 3 m
	. Florida	
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	_RANDY_SOSA	6405 NW 36TH ST SUITE 107	🗆 Add
		DORAL, FL 33166	X Remove
		···	□ Change
<u>MGR</u>	ANGEL QUEZADA	6405 NW 36TH ST SUITE 107	
		DORAL, FL 33166	□ Remove
			Change
· · · · · · · · · · · · · · · · · · ·			🗆 Add
		.	☐ Remove
		***************************************	Change
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ie 90th	day after the record	is filed.					
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d	05/07	,		•			
·	Victor Cam						
.u		*****					
		nature of a mem	her or suthorize	ed representative	of a member		

Page 3 of 3

Filing Fee: \$25.00