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Certified Copies	Certificates	of Status
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TO:	Registration Se Division of Co		•							
enbi	1277P.	Va	z Logisitcs LLC							
SUBJ	ECT:	Name of Lim	ited Liability Company							
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.							
Please	return all correspo	ondence concerning this matter	to the following:							
			Sonia Becerra							
			Name of Person							
			Swyft Filings, LLC							
			Firm/Company							
		12	605 East Freeway, Suite 509	ı						
			Address							
			Houston, Texas 77015							
		City/State and Zip Code								
			filings@swyftfilings.com							
		E-mail address: (to be used for future annual report noti-	lication)						
For fu	rther information c	concerning this matter, please ca	all:							
Sonia Becerra		ecerra	at (877) 777-04 Area Code Daytime	50						
	Name o	f Person	Area Code Daytimo	e Telephone Number						
Enclos	ed is a check for the	ne following amount:								
	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

Vaz Logisitcs LLC

(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears of lability Company)	n our records.)	
The Articles of Organization for this Limited Liability Company Florida document number L17000188098	were filed on	09/05/2017	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here	;	
	istics LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the desi	gnation "LLC" or the abb	reviation "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 off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	: 	ur records, <u>enter t</u>	he name of the new
	City	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po- being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my ovided for in Cha	v duties, and I am fa upter 605, F.S. Or, ij	miliar with and f this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Carlos J Vazuqez Jr	4018 Stallion Dr	
		Lake Wales, FL 33898	
			Change
AMBR	Carlos J Vazquez Jr	4018 Stallion Dr	X Add
		Lake Wales, FL 33898	Remove
			Change
			□ Add
			Remove
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