

L17000198835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

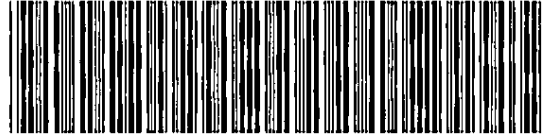
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 SEP 12 AM 5:26

N COOPER

SEP 17 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Vector Delivery Services 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:

Severino L. Francisco

Name of Person

Vector Delivery Services LLC

Firm/Company

6904 Ebb Tide Ave

Address

Apollo Beach FL 33572

City/State and Zip Code

vectordeliveryservices03@gmail.com

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

For further information concerning this matter, please call:

Severino L. Francisco

863

6027733

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Vector Delivery Services 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 09/26/2017 and assigned
Florida document number 117000198835.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6904 Ebb Tide Ave

Apollo Beach

FL 33572

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6904 Ebb Tide Ave

Apollo Beach

FL 33572

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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:

Severino L. Francisco

New Registered Office Address:

6904 Ebb Tide Ave

Enter Florida street address

Apollo Beach

Florida 33572

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>	<u>Address</u>	<u>Type of Action</u>
Pres/owner 40.5%	Severino L. Francisco	6904 Ebb Tide Ave	<input type="checkbox"/> Add
		Apollo Beach FL 33572	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Mgr/owner 40.5%	Hector R. Ann	13317 Paloma Dr	<input type="checkbox"/> Add
		Orlando FL 32837	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Mbr/Owner 5%	Remars J. Alejo	300 Terranova Blvd	<input checked="" type="checkbox"/> Add
		Winter Haven FL 33884	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mbr/Owner 5%	John M. Manlicic	1069 Highland Crest Cir	<input checked="" type="checkbox"/> Add
		Lake Wales FL 33853	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mbr/Owner 3%	ARNOLD M. LADIA	220 Pine Lilly Ct	<input checked="" type="checkbox"/> Add
		Lake Alfred FL 33850	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
mgr/owner 2%	REGAN BACLOD	336 James Circle	<input checked="" type="checkbox"/> Add
		Lake Alfred FL 33850	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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>
Mbr/owner 290	Ace Sterling R. Medina	211 S Lake Florence Dr Winter Haven FL 33884	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mbr/owner 290	Eric Ranon	1820 Woodpointe Dr Winter Haven FL 33884	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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F. 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 September 10, 2018

Signature of a member or authorized representative of a member

SEVERINO L. FRANCISCO

Typed or printed name of signee