L1800000 7622

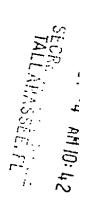
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Office Use Only



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OCT 0 7 2019

August 30, 2019

HOMEROAMMOS LUCIANO 3715 BRIARWOOD ESTATES CIR SAINT CLOUD, FL 34772

SUBJECT: QV TRANSPORT, LLC

Ref. Number: L18000007622

We have received your document for QV TRANSPORT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Wood Regulatory Specialist II

Letter Number: 219A00018032

COVER LETTER

TO:

Registration Section

Divi	sion of Corporations				
SUBJECT:	QV Transport,LLC				
WINITE TO	Nar	Name of Limited Liability Company			
Dear Sir or N	Madam:				
The enclosed	l Registered Agent/Registered Off	ice Change	and fee(s) are submitted for filing.		
Please return	all correspondence concerning th	is matter to	the following:		
Homerianr	nis Luciano				
	Name of Person				
QV Transp	port, LLC				
	Firm/Company		 -		
3715 Briar	wood Estates Circle				
	Address				
Saint Clou	d, Florida, 34772				
	City/State and Zip Code				
hluciano@	qvtransports.com				
E-mail	address: (to be used for future and	nual report n	otification)		
For further in	nformation concerning this matter.	, please call:			
Homeriann	nis Luciano/ Manager	407	301-2134		
	Name of Person		Area Code & Daytime Telephone Number		
STR	EET/COURIER ADDRESS:		MAILING ADDRESS:		
	stration Section	Registration Section			
	sion of Corporations	Division of Corporations			
	on Building	P.O. Box 6327			
	Executive Center Circle thassee, Florida 32304		Tallahassee, Florida 32314		
Encl	osed is a check for the following	amount:			
☑ \$2	25 Filing Fee	٥	\$55 Filing Fee & Certified Copy		
NHS18 (2/14))				

COVER LETTER

TO:

TO: Registration of	on Section Corporations				
SUBJECT:	9.V	Transp	ort LLC		
			ted Liability Company		···
The enclosed Article	es of Amendment	and fee(s) are sub-	mitted for filing.		
Please return all cor	respondence conc	cerning this matter	to the following:		
	1	<u>Omerian</u>	Name of Person	0	
	621	V Trai	ns part L	LC	
	37	15 Bria	rwood Es-	tates circ	cle_
	Sa		1, Florida, 3 City/State and Zip Code		
		E-mail address: (t	ano a CTVT	ransports	· com
For further informat	ion concerning th	nis matter, please ca	ill:		
	annis LU	iciano	at (<u>407)</u> Area Code	301-213 Daytime Teleph	one Number
Enclosed is a check	for the following	amount:			
🗹 \$25.00 Filing Fo) Filing Fee & iticate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc		Sectificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Ri Di P.	AILING ADDR egistration Sectio ivision of Corpor O. Box 6327	n ations	Registrat Division Clifton B		
Tallahassee, FL 32314			2661 Executive Center Circle		

Tallahassee, FL 32301

TO 'ARTICLES OF ORGANIZATION OF

QV Iran	sport LLC
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L 1800000762</u>	mpany were filed on January 09/2018 at 22
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "ELC" or the abbreviate
Enter new principal offices address, if applicable:	9 OC
(Principal office address MUST BE A STREET ADDRE	
Enter new mailing address, if applicable:	AM 10: L
(Mailing address MAY BE A POST OFFICE BOX)	- N
Channe address MAT DE A LOST OF LICE DOM	
registered agent and/or the new registered office addre	ered office address on our records, enter the naress here: OSC Ducdin Vasquez +
Name of New Registered Agent: U	DE CENTENTI VOIS-1412
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Co.
New Registered Agent's Signature, if changing Registered	Agent:
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my duties, and I am familiar vent as provided for in Chapter 605, F.S. Or, if this do

If Changing Registered Agent, Signature of New Registered A

MGR = Mai AMBR = Aut	nager thorized Member	
<u>Title</u>	<u>Name</u>	Address Briggwood Estatscir
AMBR	Tise Quedin Voque	Address 3715 Briarwood Estatocir Saint Cloud, FL34772
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mag 1	House are come lesses	3715 Briarwood Estates cir Saint Cloud, Pl 34772
AMBR	TWMEYIUMIS LUCIONO	Saint Cloud, Pl 84772
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or removed from our records:

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ctive das	te, if other than	the date of filing	51 Leannot be prior to dat	te of filing or more th:	 (optional) in 90 days after filing.	i Pursu
: If the	date inserted in thi	s block does not n	neet the applicable	statutory filing requ	irements, this date	will no
iment's e	ffective date on th	e Department of S	tate's records.			
ecord s	pecifies a dela	yed effective d	late, but not an	effective time,	at 12:01 a.m.	on th
ne 90th	day after the	record is filed.				
d_{QC}	Jober	1	2019.			
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		Non	(Vas)	9 7 9		
_		Signature of a r	nember or authorized	representative of a n	nember	
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Page 3 of 3

Filing Fee: \$25.00