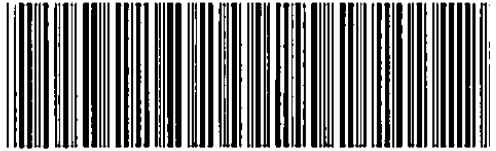


L1800000 7622



20033310507

(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

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SECRET
TALLAHASSEE, FL
4 AM 10:42

OCT 07 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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

2019 OCT -4 PM 12:29

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: QV Transport,LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Homeriannis Luciano
Name of Person

QV Transport, LLC
Firm/Company

3715 Briarwood Estates Circle
Address

Saint Cloud, Florida, 34772
City/State and Zip Code

hluciano@qvtransports.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Homeriannis Luciano/ Manager at (407) 301-2134
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: QV Transport 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:

Homeriannis Luciano
Name of Person

QV Transport LLC
Firm/Company

3715 Briarwood Estates circle
Address

Saint Cloud, Florida, 34772
City/State and Zip Code

hluciano@qvtransports.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Homeriannis Luciano at (407) 301-2134
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

TO
ARTICLES OF ORGANIZATION
OF

QV Transport 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 January 09/2018 at
Florida document number L 18000007622

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

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)

REC'D
TAL
ASSOC. FL
2019 OCT 14 AM 10:42

B. If amending the registered agent and/or registered office address on our records, enter the new registered agent and/or the new registered office address here:

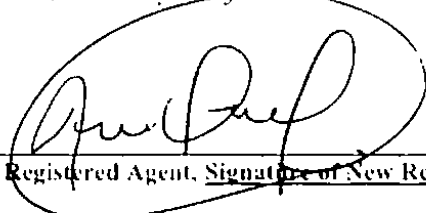
Name of New Registered Agent: Jose Wuedin Vasquez

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 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

