

L18000060378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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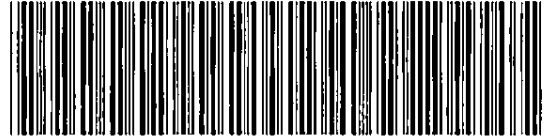
(Business Entity Name)

(Document Number)

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08/22/23

COVER LETTER

**TO: Registration
Section Division of
Corporations**

VENEMEX TRANSPORTATION LLC

SUBJECT: _____
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:

LUIS A MENDOZA

Name of Person

MENDOZA TAX SERVICES LLC

Firm/Company

2701 MICHIGAN AVE. STE J

Address

KISSIMMEE, FL, 34744

City/State and Zip Code

contact@mendozaaccounting.com

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

For further information concerning this matter, please call:

LUIS A MENDOZA

407

7508464

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 ☐ \$60.00 Filing Fee,
(Additional copy is enclosed) Certificate of Status &
Certified Copy
(Additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

VENEMEX TRANSPORTATION 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 03/07/2018 and assigned Florida document number L18000060378.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

VENEMEX MULTISERVICES LLC

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:

N/A.

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A.

(Mailing address MAY BE A POST OFFICE BOX)

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address.

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

[illegible]

2005 . 22 Feb 2008

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.

Dated August 9, 2023

[Handwritten signature]

Typed or printed name of signee

Filing Fee: \$25.00