Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future of annual report mailings. Enter only one email address please.

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN V TRANSPORT SERVICES LLC

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T. CLINE
DEC 1: 2018

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

V TRANSPORT SERVICES LLC		
(Name of the Limited Liability Company as (A Florida Lumited Liability	s it now appears on our records.)	
The Articles of Organization for this Limited Liability Company were	e filed on ^{03/12/2018}	and assigned
Florida document number L18000063516		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of	company here:	
V TRADING SERVICES LLC		
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		· 22·
Principal office address MUST BE A STREET ADDRESS)	, ri-sq.	: 6
,	Ú	- 6 F
Enter new mailing address, if applicable:	: : : : : : : : : : : : : : : : : :	1 mg - 1
Mailing address MAY BE A POST OFFICE BOX		ω ⊐x
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		<i>′′</i> ∞
 If amending the registered agent and/or registered office a egistered agent and/or the new registered office address here: 	address on our records, <u>enter t</u>	he name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
Circum Dennistance & compile Simundance 15.1	Thy	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

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CORPORATE	

MGR = Manager

15:39 3052201440

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	77)
		24dd1 (33	Type of Action
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ffective date, if other than an effective date is listed, the date ote: If the date inserted in this occurrent's effective date on the record specifies a delay. The 90th day after the record specifies and other than the record specifies and the record specifies are record specifies are record specifies are record specifies and the record specifies are record specifies and the record specifies are record specifies are record specifies are record specifies are record	must be specific s block does no e Department o	and cannot be priced the application of State's record	s.	ming requirem	ents, this date	will no	t be listed
12/10		2018					
			==_				

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