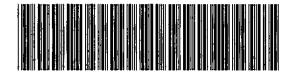
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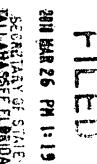
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
Jimothy \	an De len	
DATE 3	tfir 38/18 1H	*
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WARENE J. HARRIS

COVER LETTER

		istration Sec sion of Corp			
SUBJEC	T:	YYYY			
			Name of Lim	aited Liability Company	
The encl	osed	Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please re	turn	all correspon	dence concerning this matter	to the following:	
			Timothy R. Van Delle	en	
				Name of Person	
			YYYY		
				Firm/Company	
			4356 Arlington Ridg	ge Blvd	
				Address	 •
			Leesburg Florida 3474	8	
				City/State and Zip Code	
			timothyvandellen@yaho		
			E-mail address: (to be used for future annual report notif	ication)
For furth	er in	formation cor	ncerning this matter, please ca	all:	
Timoth	y Va	an Dellen		_{at (} 920) 917-9933	
Name of Person		hitted for filing. the following: Name of Person Firm/Company BIVC Address City/State and Zip Code .com be used for future annual report notification) at (920) 917-9933 Area Code Daytime Telephone Number \$\int_{\text{State}} \text{\$\text{920}} \text{\$\text{010}} \text{\$\text{Daytime Telephone Number}} \$\int_{\text{State}} \text{\$\text{\$\text{\$\text{Certified Copy}}} \$\text{\$\			
Enclosed	lisa	check for the	following amount:		
\$25 .0	00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status		

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

YYYY						
(<u>Name of the Limited L</u> (A F	isbility Comps lorida Limited	nny as it now appears on or Liability Company)	ır records.)		_	
The Articles of Organization for this Limited Liabil	lity Company	were filed on March 2	20,2018	and	assigned	
Florida document number L18000071228	·					
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of the	e limited liab	ility company here:				
Van Dellen Transport LLC						
The new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designat	ion "LLC" or the	abbreviation	"L.L.C."	_
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		4356 Arlington R	idge Blvd			
		Leesburg Florida	34748	¥55	\$ D	^.
				33 9	<u> </u>	_ :
Enton now mailing address if applicables		4356 Arlington R	idge Blvd		1	· .
	Leesburg Florida	34748	700	200000	The state of the s	
The Articles of Organization for this Limited Liability Corlorida document number L18000071228 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited Van Dellen Transport Van Dellen Transport Correct new name must be distinguishable and contain the words "Limited 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) B. If amending the registered agent and/or register registered agent and/or the new registered office address. Name of New Registered Agent: New Registered Office Address: Regis New Registered Office Address:	<u>-7</u>			A		_
registered agent and/or the new registered office	address her	<u>e</u> ;	records, ente	r the nan	ne of the	new
Name of New Registered Agent:	Registered Agents Inc.					-
New Registered Office Address:	8030 N. Ro	ocky Point Dr. ST	E 150A			
		Enter Florida stre			name of the new	
<u>1</u>	Tampa		, Florida 🖰	33607		
		City		Zip Co	de	
New Registered Agent's Signature, if changing Regis	stered 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 acceptance 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>	Address	Type of Action
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			□ Remove
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Effective date, if other than the date is listed, the date must land the lift an effective date is listed, the date must land the lift in this blood document's effective date on the Dep	be specific and ca k does not me	annot be prior et the applic	to date of filing able statutory			iling.) Pursuan		
	offactive de	te, but no	t an effect	ive time, a	t 12:01 a.	m. on the	earlie	er of:
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The 90th day after the reco		2018				200	2	 Once
The 90th day after the recordant Dated March 23						FALLAHAS	20 MAR 2	dental dental
Dated March 23		2018 en	orized represen		nber	SEGRETARY O		

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Filing Fee: \$25.00