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## **COVER LETTER**

Division of Co			
V & S EX	PRESS, LLC		
	Name of Lir	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sui	omitted for tiling	
	ondence concerning this matter		
·	VIKTOR SHVALIKOVK	-	
	V & S EXPRESS, LLC	Name of Person	
	3001 NE 185 TH STREE	Firm/Company ΓΑΡΤ 516	
	AVENTURA, FL 33180	Address	
		City/State and Zip Code	
		to be used for future annual report notif	lication)
For further information of	concerning this matter, please c	all:	
VIKTOR SHVALIKOVKIY		305 3327319 at ( )	
Name c	of Person		Telephone Number
Enclosed is a check for t	he 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:

TO:

**Registration Section** 

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

V (C 5 LAI KLS5, LLC				
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L18000098334		and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbrévia	——— tio∰L.I	L.C."
Enter new principal offices address, if applicable:	3001 NE 185 TH STREET	TAL	9 SE	er.
(Principal office address MUST BE A STREET ADDRESS)	APT 516	<u> </u>	ည	10 mm
	AVENTURA, FL 33180		_ <del></del>	
Enter new mailing address, if applicable:		1	± 5:38 —8	
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:	<u>.                                    </u>	nter the r	lame (	<u>of the</u>
	Enter Florida street address			
	E)			

New Registered Agent's Signature, if changing Registered Agent:

V & C EVDDECC I I C

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 i 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.

Cirv

If Changing Registered Agent. Signature of New Registered Agent

Zip Code

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Acti
VP	SAMIR GUSEYNOV		
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		Hallandale, FL 33009	■ Remove
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	07/05/2019	)		
E. Effective date, if other than the d	ate of filing:		(ontional)	
(If an effective date is listed, the date must be	e specific and cannot be prior	r to date of filing or more t	han 90 days after filing.) P	ursuant to 605.0207 (.
Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the applicantment of State's records	cable statutory filing rec	quirements, this date wi	ll not be listed as th
weiment were the take on the trep	arment of State Steemes	•		
If the record specifies a delayed e	effective date, but no	ot an effective time	e, at 12:01 a.m. or	the earlier of:
(b) The 90th day after the recor	d is filed.			
OFFICIALIED 25				
Dated	2019			
Sbusen	1			
Obusu	un L			
	gnature of a member or auth	orized representative of a	member	
SAMIR GUSEYNOV				
	Typed or print	ed name of signee		<del></del>

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Filing Fee: \$25.00