<u>LIFO00 123972</u>

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Special Instructions to		
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Office Use Only



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COVER LETTER

	SPORTATION LLC		
SOBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	CHARLES GENTRY		
		Name of Person	
	ACCOUNTING AND TAX	CASSOCIATES	
		Firm/Company	
	1903 N HERCULES AVE		
		Address	
	CLEARWATER, FL 3376.	3	
		City/State and Zip Code	
	CHARLIE@ACCOUNTING		
	E-mail address: (t	o be used for future annual report notif	ication)
For further information c	concerning this matter, please ca	dl:	
CHARLES GENTRY		727 230-6964	
Name c	of Person	Area Code Daytime	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)
MAII	ING ADDRESS:	STREET/COURT	ER ADDRESS:

Registration Section

Division of Corporations

TO:

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VJP TRANSPORTATION ELC		
(<u>Name of the Lim</u>	ed Liability Company as it now appears on o (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited I Torida document number <u>L18000123972</u>		and assigned
his amendment is submitted to amend the fol	owing:	
. If amending name, enter the new name	f the limited liability company here:	
he new name must be distinguishable and contain the	and of instruct liability Company "the Leither	stion 91.1 C" or the abbreviation 91.1 C."
Ü		mon like of the aboreviation like.
nter new principal offices address, if appli	able:	
<u>Principal office address MUST BE A STRE.</u>	T ADDRESS)	6 785
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	BOX)	JUN 25 AN 11: 11:0
. If amending the registered agent and egistered agent and/or the new registered of		records, enter the name of the r
Name of New Registered Agent:	VALDETTE M SENA	
AL D. C. LOCC Allegan	11357 NW 57 LN SUITE 3	

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

New Registered Office Address:

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.

City

DORAL

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	PETER KERESZTES	2241 SPRINGFLOWER DR	
		CLEARWATER, FL 33763	Remove
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Effective date, if other than the d	ate of filing:	(optional)
If an effective date is listed, the date must	be specific and cannot be prior to date of filing or mosk does not meet the applicable statutory filing	ore than 90 days after filing.) Pursuant to 605.0207 (
document's effective date on the Dep	partment of State's records.	grequitements, this date with not be fished as t
ne record specifies a delayed The 90th day after the reco	effective date, but not an effective ti rd is filed.	ime, at 12:01 a.m. on the earlier of:
rya J JUNE 19	2018	
Dated	$\frac{1}{2}$	
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	ignature of a member or authorized representative	of a member

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00