## 119000 142 465

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000335472170

10/23/19--01016--002 ++25.00

2019 CCT 23 PH 1: 02

C GOLDEN

## **COVER LETTER**

SUBJECT:		SPORT LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		BLANCA PATINO		
		VCG TRANSPORT LLC	Name of Person	
		9716 NW 74 TER	Firm/Company	
		DORAL, FL 33178	Address	
		vcgtransportllc@gmail.com		
For further i	nformation co	n-mail address: (	to be used for future annual report notif all:	ncanon)
JOSE EDU/	ARDO CORE	·	at () Area Code Daytime	e Telephone Number
Enclosed is	a check for th	e following amount:		
<b>■</b> \$25.00 E	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:

Registration Section Division of Corporations

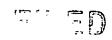
TO:

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



VCG TRANSPORT LLC

company has been notified in writing of this change.

2019 OCT 23 PH 1: 02

(Name of the Lim	ited Liability Company as it no (A Florida Limited Liability C	ompany)	
The Articles of Organization for this Limited I Florida document number L19000142465	Liability Company were file	ed on MAY 28, 2019	and assigned
This amendment is submitted to amend the following	llowing:		
A. If amending name, enter the new name	of the limited liability com	ipany here:	
The new name must be distinguishable and contain the	words "Limited Liability Compa	ıny," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			
B. If amending the registered agent and registered agent and/or the new registered of		lress on our records, <u>en</u>	ter the name of the
Name of New Registered Agent:	JOSE EDUARDO CORI	OOVA	
New Registered Office Address:	9716 NW 74 TER		
		Enter Florida street address	
	DORAL	, Florida	33178
	City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg	per and complete perform	nance of my duties, and I a	ım familiar with and

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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>	<u>Address</u>	Type of Action
MGR	BLANCA PATINO		
			■ Remove
	IOSE EDITARDO COMPONA		Change
MGR	JOSE EDUARDO CORDOVA		Add
			Remove
			□ Change
	<del></del>		Add
			Remove
			☐ Change
		· <del></del> ·-	Add
			☐ Remove
			Change
<del></del>			Add
			Remove
			Change
			D Add
			□ Remove
			Change

			<u>.</u>	<del> </del>	
	<u> </u>				<del></del> -
I, Je	OSE EDUARDO PCORDOV	A, SING ACCEPTING	THE RESPONSABILI	TIES OF THIS POSITION	ON.
			/		
		<i></i>	my_		
			<u> </u>		
					<del></del>
	• • • • • • • • • • • • • • • • • • • •				
				<del>_</del>	
ective	e date, if other than the da	te of filing:		(optional)	
effect <u>te:</u> If	tive date is listed, the date must be the date inserted in this block it's effective date on the Depa	specific and cannot be prior does not meet the applic	able statutory filing red	han 90 days after filing.) Pu	
recoi	rd specifies a delayed e	ffective date, but no	ot an effective time	e, at 12:01 a.m. on	the earlier of
	Oth day after the record			•	
1	OCTOBER 08	2019			
ed			7)',		
	2	Hanta KIN	Direction		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00