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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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : I20140000083 : (407)932-0040 Phone ; (407)520-5473 Fax Number

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

<b>Email</b>	Address:	

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## MINING BRAIN LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

# **COVER LETTER**

	ration Section of Corpo			
SUBJECT:	Mo	ring Blair	1 LLC	
		✓ Name of Lim	uited Liability Company	
The enclosed A	rticles of An	nendment and fee(s) are sub	omitted for filing.	,
Please return all	corresponde	ence concerning this matter	to the following:	
		Jose	M. CONT.	
		Mining	Benin CCC Fixm/Company	
		9689 A	1211no AUE A	pt 6302.
		Deland	City/State and Zip Code	
	-	E-mail address: (	to be used for future annual report noti	fication)
For further info	rmation cond	erning this matter, please c	all:	
	Name of Pe	reon	at () Area Code Daytim	e Telephone Number
Enclosed is a ch	eck for the f	ollowing amount:		
\$25.00 Filir	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divisi P.O. I	e Address: tration Section of Corp Box 6327 nassee, FL	porations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MINING BRAIN LLC			
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Lie	ability Company	were filed on 08/23/2019	and assigned
iorida document number L19000215843	·		
his amendment is submitted to amend the follo	wing;		
. If amending name, enter the new name of	the limited liab	ility company here:	
VG TRUCKING LLC			
e new name must be distinguishable and contain the we	ords "Limited Liabil	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
nter new principal offices address, if applica	ıble:	9669 AVELLINO AVE APT 630	)3
(Principal office address MUST BE A STREET ADDRESS)		ORLANDO, FL 32819	
nter new mailing address, if applicable:		9669 AVELLINO AVE APT 630 ORLANDO, FL 32819	
Mailing address MAY BE A POST OFFICE BOX)		OKEA:100,1 E 32017	
If amending the registered agent and/or regent and/or the new registered office addres  Name of New Registered Agent:	egistered office : s here: JOUSE M. GO		ne name of the new registe
	0660 4 1/17 1 17	NO AVE APT 6303	7 Th
New Registered Office Address:	A00A WAETTII	Enter Florida street address	8 PH
	ORLANDO	, Flor	
		City	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

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>	Name	Address	Type of Action
AMBR	JOUSE M. GOMEZ	9669 AVELLINO AVE APT 6303	<b>≣</b> Add
		ORLANDO, FL 32819	□ Remove
			Change
AMBR	THMELA D. SANCHEZ	13148 HEATER MOSS DRIVE	□Add
		ORLANDO, FL 32837	≣Remove
			☐ Change
			🗀 Add
			🗖 Remove
			Change
			Remove
			Change
<del></del>			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change

. 11 901	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:  O4/15/2021  (optional)  The date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the lent's effective date on the Department of State's records.
the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	APRIL 15 2022 CONFULL
	Signature of a member or authorized representative of a member
	$\overline{T}$