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(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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A. BUTLER
JAN 2 6 2023

COVER LETTER

TO: Registration Section Division of Corpora	
SUBJECT: VC	Transport and Ignistics LLC Name of Limited Liability Company :
The enclosed Articles of Ame	ndment and fee(s) are submitted for filing.
Please return all corresponden	ce concerning this matter to the following:
_	Misnigaye MAXWEIL Name of Person
-	Firm/Company
_	9335 W Commercial bluchus
_	TAMBrax FL 3335
	E-mail address: (to be used for future annual report notification)
For further information concer	ning this matter, please call:
Mishigaye Warner of Pers	MAXINCII at (50) 300 - 4335 Area Code Daytime Telephone Number
Enclosed is a check for the fol	lowing amount:
□ \$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Secti Division of Corpo	rations Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	ny as it now appears on our records.) Ciability Company)	6: 36
(A Florida Limited L	Liability Company)	FSTATE
The Articles of Organization for this Limited Liability Company		and assigned
Florida document number <u>L 20000 25 233</u> 0		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company." the designation "LLC" or the abbre-	viation "L.L.C."
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 registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the name o</u>	f the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	Ç.iji	ing Commit

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 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
MOR	Paul Cole	2930 NW 56+7 AVC	□Add
		Lauderhill Fl 33313) TRemove
			□Change
			□ Add
			□Remove
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			Change

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(If an effect Note: If	e date, if other than the date of filing:
he record ord is file	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 d.
Dated _	Oct 10, 2022
	\mathcal{A}
	Signature of a member or authorized representative of a member