120000271862

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21 NOV -1 PH 3: 16

T. MATTHEWS

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	LARISA POPOVA			
		Name of Person		
	P & L CONSULTING SERVICES CORP			
		Firm/Company		
	2625 EAST 14TH ST STE	205		
		Address		
	BROOKLYN, NY 11235			
		City/State and Zip Code		
	LARA.POPOVA@PLFINA			
	E-mail address: (to be used for future annual report not	fication)	
For further information c	oncerning this matter, please c	all:		
LARISA POPOVA		718 648-9821		
Name of Person		Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne 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:		Street Address:	ation	
Registration Section Division of Corporations		Registration Se Division of Cor		
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

21月27日 日 3:16

VLAD TRANSPORTATION LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $^{09/09/2020}$ and assigned Florida document number L20000271862 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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.

Enter Florida street address

_____, Florida ____

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 = M	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address 21 HE! -1 Pil 3: 16	Type of Action
MGR	KOSTENYUK, VITALIY	8862 WHITE SAGE LOOP	
		LAKEWOOD RANCH, FL 34202	■Remove
			□Change
MGR	KOSTENYUK, VALENTINA	8862 WHITE SAGE LOOP	≣ ∆dd
		LAKEWOOD RANCH, FL 34202	□Remove
			□Change
			□ Add
			□Remove
			□Change
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			□Remove
			□Change

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<u>ote:</u> If t	date, if other than the date of filing:
ecord sp is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted	OCTOBER 22 2021
	Signature of a member or authorized representative of a member
	u
	GRYGORIY KOSTENYUK