## LZO 000 306086

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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November 19, 2020

CARLOS A MARRERO VAZQUEZ VETERAN AUTO TRANSPORTERS LLC 12823 GROVEVIEW WAY SANFORD, FL 32773

SUBJECT: VETERAN AUTO TRANSPORTERS LLC

Ref. Number: L20000306086

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 820A00023344

Susan Tallent Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO:

	Registration So Division of Cor			
cup tec		ito Transporters lle		2729 070 - 7 21/12: 22
SUBJEC'	1:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for liling.	
Please reti	urn all correspo	ondence concerning this matter	to the following:	
		Carlos A Marrero Vazquez		
			Name of Person	
		Veteran Auto Transporters	He	
			Firm/Company	
		12823 Groveview Way		
			Address	<u> </u>
	,	Sanford fl 32773		
			City/State and Zip Code	
		VETERANAUTOTRANSI	PORTERS@GMAIL.COM to be used for future annual report to	utilianti
For furthe	r in crmation c	oncerning this matter, please o	·	arneagony
Carlos A	Marrero Vazqu		787 3592484	
	Name o	f Person	at () Area Code Days	me Telephone Number
Enclosed:	is a check for th	ne following amount:		
□ \$25.0	0 Filing Fee	S30.00 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)
	<u>dailing Addres</u> Registration S		Street Address: Registration S	ection
Į.	Division of C	orporations	Division of Co	orporations
	P.O. Box 632 Fallahassee, I		The Centre of 2415 N. Mon	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Veteran Auto Transporters IIc		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 9/28/2020	and assigned
Florida document number 1.20000306086		
This amendment is submitted to amend the following:	-	
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	tity Company," the designation "LLC" o	or the abbreviation "L.E.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		120.1
		DEC
		1
Enter new mailing address, if applicable:		<u>P</u> .
(Mailing address MAY BE A POST OFFICE BOX)		
	-	16
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registere
Name of New Registered Agent:	•	
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	City . F1011	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>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			☐Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Rеточе
			□Change

	the incorrect was: MARRENO VAZQUEZ CARLOS A.
	the correst name is: MARRERO VAZQUEZ CARLOS A.
Fifee	tive date if other than the date of filing:
Note:	tive date, if other than the date of filing:
ne reco	ord 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 iled.
Dateo	12/03/2020
Date	

Filing Fee: \$25.00