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COVER LETTER

TO: Registration S Division of Co			
Victor Con	tracting LLC		
SUBJECT:		- 11 12 A	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Victor Sanchez		
		Name of Person	
	Victor Contracting LLC		
		Firm/Company	
	10141 Lee Vista Blvd, Apt	5305	
		Address	
	Orlando, FL 32 8 29		
	viktorsanchez1130@hotmai	City/State and Zip Code Leom	
	E-mail address: (to be used for future annual report no	otification)
For further information of	concerning this matter, please c	all:	
Victor Sanchez		321 295-2074	
Name o	of Person	at () Area Code Dayt	ime Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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 Addre	ec-	Street Address:	
Registration		Registration S	Section
Division of C	•	Division of C	
P.O. Box 632	<i>L I</i>	The Centre of	Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Victor Contracting LLC	
(Name of the Limited Liability Company as it now appears on our r (A Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company were filed on	and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
VV Transport LLC	
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)	
The training the same cas who the bull	-
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	<u></u>
	;
B. If amending the registered agent and/or registered office address on our records, ${f e}$	enter the name of the new regist
gent and/or the new registered office address here:	
	7.3
Name of New Registered Agent:	
	_ :
New Registered Office Address: Enter Florida street of	address 7 -
	. Florida
Circ	_, F 101 Ida Zin 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>	Address	Type of Action
			□Remove
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
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fective date, if other than the data an effective date is listed, the date must be ote: If the date inserted in this blococument's effective date on the Department.	k does not meet the	applicable	te of filing or n statutory filin	ore than 90 day g requirement	(optional) s after filing.) P s, this date w	ursuant to 605.0	0 20 7 d as
e record specifies a delayed of The 90th day after the recor		ut not ar	effective t	ime, at 12	01 a.m. or	n the earlie	r of
July 26	2023						
ated	,						