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(((H21000149244 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAXMY'S CARRIER SERVICES

Account Number : 12004000007 Phone

: (305)640-0281

Fax Number

: (305)489-2902

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

Email Address: AXMUS

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN V & C TRANSPORTATION LLC

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

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Corporate Filing Menu

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COVER LETTER

13054892902

TO: Registration S Division of Co	ection rporations			
V & C TR SUBJECT:	ANSPORTATION LLC			
	Name of Lit	nited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for tiling.		
Please return all corresp	ondence concerning this matter	to the following:		
	DANIEL PEREZ			
		Name of Person		
	V & C TRANSPORTATI	ON LLC		
		Firm/Company		
	839 W BIRCHWOOD CI	RCLE		
		Address		
	KISSIMMEE, FL 34743			
·	GATLLAXMYSCARRIER	City/State and Zip Code		
		to be used for future annual report not	(fication)	
For further information of	concerning this matter, please o	ali:	·	
LAXMY CHACON		305 640-0281		
Name o	f Person		e Telephone Number	
Enclosed is a check for it	he following amount:			
■ \$25.00 Filing Fee	S30.00 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)	
Mailing Addres Registration S	Section	<u>Street Address:</u> Registration Sec		
Division of Corporations P.O. Box 6327		Division of Cor		
Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

V & C TRANSPORTATION LLC		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears or ed Liability Company)	our records.)
The Articles of Organization for this Limited Liability Compa	ny were filed on 02/26/	2021 and assigned
Florida document number L21000096468		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li-	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the desig	nation "LLC" or the abbreviation "L.IC."
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 offic agent and/or the new registered office address here:	e address on our reco	rds, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	<u> </u>
	Enter Florida 3	rreet daaress المراقبة على المراقبة المراقبة المراقبة المراقبة المراقبة المراقبة المراقبة المراقبة المراقبة الم
	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.

To: 18506176383 - Page: 5 of 6 2021-04-14 18:00:03 GMT 13054892902 From: LAXMY CHACON

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

Title	<u>Name</u>	Address	Type of Action
AMBR	GONZALEZ, HECTOR	839 BIRCHWOOD CIRCLE	
		KISSIMMEE, FL 34743	■Remove
			□Change
			⊡Add
		□Remove	
		☐ Change	
			□Add
		□ Remove	
			□ Change
			□Add
·			□Remove
	•		☐ Change
			☐Add
		□Remove	
			Change
			□Add
		□ Петоче	
			□Change

From: LAXMY CHACON

D. II amenu	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
····	
	
	
(If an effective <u>Note:</u> If th	late, if other than the date of filing: 4/4/21 (optional) 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 (3) to date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
the record specord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	4/14/2h
••	Signature of a member or authorized representative of a member Mill