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COVER LETTER

Division of C			
	RGO SERVICE LLC		
	Name of Lit	nited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matte	r to the following:	
	VICTOR HUGO PEREZ	PENA	
		Name of Person	
		Firm/Company	
	5875 SW 19TH ST		
		Address	
	MIAMI, FLORIDA 3315	5	
	victorhugopolochef@gmail	City/State and Zip Code	
	E-mail address:	to be used for future annual report noti	fication)
For further information	concerning this matter, please of	all:	
VICTOR HUGO PERE	Z PENA	424 7578717 at ()	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the 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 Addre		Street Address:	
Registration		Registration Sec	ction

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VHP CARGO SERVICE LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our record mited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Com	npany were filed on 04/05/2021	and assigned
Florida document number L21000157410		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l 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 ADDRES	33)	
···		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered of gent and/or the new registered office address here:	Tice address on our records, <u>enter (</u>	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	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.

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
MGR	VICTOR HUGO PEREZ PENA	5875 SW 19TH ST	□Add
		MIAMI, FL 33155	
			Change
AMBR	VICTOR HUGO PEREZ PENA	5875 SW 19TH ST	≡ Add
		MIAMI, FL 33155	□Remove
			□ Change
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fective date, if other than effective date is listed, the date: If the date inserted in cument's effective date on	this block does not the Department of S	meet the applicab! State's records.	e statutory filing r	equirements, this da	te will not be listed as
ecord specifies a delayed el					
is filed.		2021			- `.
s filed.		. 2021			
s filed.	V: XB.		ed representative of	a member	

Filing Fee: \$25.00