

L21000252125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

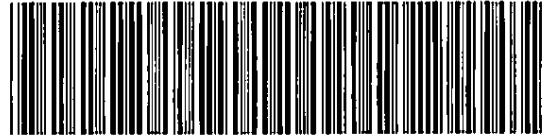
(Business Entity Name)

(Document Number)

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RECEIVED
2022 JUL 14 AM 10:10
ALLAHASSEE, FL
2022 JUL 14 AM 10:44

cf 7/14/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Virtual Dispatch Travelers LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marileyda Nunez Green

Name of Person

Virtual Dispatch Travelers LLC

Firm/Company

2237 Kings Rd

Address

Jacksonville, FL 32209

City/State and Zip Code

firstclasstowncars@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marileyda Nunez Green at (347) 586-3186
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|---|

Mailing Address:

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

Street Address:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

VIRTUAL DISPATCH TRAVEL LLC

2022 JUL 14 AM 10:44

(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 JUNE 01 2021 and assigned
Florida document number L21000252125.

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)

9740. MARSH WREN CT
LAKEWORTH FL. 33467

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9740 Marsh Wren Ct
Lake Worth FL, 33467

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:

Enter Florida street address

Florida

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Jennifer R. Kelly	_____	<input type="checkbox"/> Add
		2231 Kings Rd	<input checked="" type="checkbox"/> Remove
		Jacksonville, FL 32205	<input type="checkbox"/> Change
AMBR	Juan Jose Maria Rodriguez	Calle Las Brisas #1	<input type="checkbox"/> Add
		Brisas de Bavaro Punta	<input checked="" type="checkbox"/> Remove
		Cana, Republica Domin, AL	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

We would like to leave only Marileyda Nunez Green on company and remove every body else

Plus and address update

E. Effective date, if other than the date of filing: July 14 2022 (optional)

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated July 14 2022



Signature of a member or authorized representative of a member

Marileyda Nunez Green

Typed or printed name of signee