From: LAXMY CHACOL

5/17/22, 9:40 AM

Division of Corporations



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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : LAXMY'S CARRIER SERVICES

Account Number : I20040000007 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. \*\*

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN V&L TRANSPORT EXPRESS LLC

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## COVER LETTER

TO:			\$	
		NSPORT EXTRESS LLC		
SUBJEC	CT: ,	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	sturn all correspo	ndence concerning this matter	to the following:	
	Division of Corporations  V&L TRANSPORT EXPRESS LLC  Inclosed Articles of Amendment and fee(s) are submitted for filing.  The error all correspondence concerning this matter to the following:  MARTA'S OLIVA PALOMO  Name of Person  V&L TRANSPORT EXPRESS LLC  Finant Company  22885 SW 123RD AVE REAR  Address  MIAMI, FL 33170  City/State and Zip Code  [axmyc2001/@yahoo.com  Ternail address (to be used for future attrial report notification)  in their information concerning this matter, please call.  [MY CHACON]  Name of Person  V&L TRANSPORT EXPRESS LLC  Finant Company  22885 SW 123RD AVE REAR  Address  MIAMI, FL 33170  City/State and Zip Code  [axmyc2001/@yahoo.com  Ternail address (to be used for future attrial report notification)  in their information concerning this matter, please call.  MY CHACON  Name of Person  Ternail address (to be used for future attrial report notification)  at (Area Code)  Daytime Telephone Number  USS 00 Filing Fee  Cartificate of Status & Certified Copy (additional copy is enclosed)  Mailting Address:  Street Address:  Street Address:			
			Name of Person	
		V&L TRANSPORT EXPR		
			FimvCompany	
		22885 SW 123RD AVE R	EAR	
		*	Address	
			City/State and Zip Gode	
				General
				ncarkii.)
For furth	er information o			
LAXMY	Z CHACON		305 640-0281	
	Name o	f Person	Area Code Daytim	c Telephone Number
Enclose	d is a check for t	ne following amount:		
≣ \$25	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Malling Address Registration 5		<u>Street Address:</u> Rogistration Sc	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

V&L TRANSPORT ENPRESS LLC (Name of the Limited Li (A F)	abiliry Compa	ny a <u>n it now appears on ou</u> inbility Company)	r records.)			
The Articles of Organization for this Limited Liability Florida document number 1.21000381797				and a	ssigned	
This amendment is submitted to amend the followin	g:					
A. If amending usme, enter the new name of the	limited liah	llity company here:				
The new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation	ou "LLC" or the abhi	reviation "	L,L C."	<u> </u>
Enter new principal offices address, if applicable	:	8977 SW 28TH ST				
(Principal office address MUST BE A STREET A.		MIAMI, FL 33165			2022	
n		8977 SW 28TH ST		2.7.	HAY	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		MIAMI, FL 33165			7 11	-RS
B. If amending the registered agent and/or regis agent and/or the new registered office address he	tered office	address on our records	, enter the name	of the n	<del></del>	istered
Name of New Registered Agent:						<del>- 11 - 27 - 2</del> -
New Registered Office Address:	977 SW 28TF	i ST				
Mew Registered Confee Address.		Enter Florido street address				
<b>y</b>	(IAM)		, Florida <sup>3316</sup>	55		
		City:		Zip Con	les .	
New Registered Agent's Signature, if changing Regi-	stered Agent	<u>.</u>				
I hereby accept the appointment as registered as			ity. I further agri	ee to coi	nply w	ith the

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

To:

<u>Title</u>	Name	Address	Type of Action
MGR	MARTA S OLIVA PALOMO	8977 SW 28TH ST	
The second secon		MIAMI, FL 30165	
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			□ Change
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From: LAXMY CHACO

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record specities a delayed effo d is filed.	ctive date, but not an effective	time, at 12:01 a.m. on the	earlier of: (b) The 90th day	y afler the
Dated MAY 16	2022			
Marlo	Signature of a member or au	horized representative of a I	nember	
	f. 1   7   3   6   4			
MARTA S OLIVA		med name of signee		_

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