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2022 JUN 15 AH 11: 1

## **COVER LETTER**

O: * Registration Section Division of Corporations	
SUBJECT: VEARN Corts LC 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:	
COVINGTON Name of Person	
Firm/Company	
1310 Pinnacle Pines Rd	
Parama City FL 3241041  City/State and Zip Code  Leilanij Covington a gmail com	
E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call:	
of further information concerning this matter, please can.	
Name of Person at (85D) 533 - SULU  Area Code Daytime Telephone Number	-
inclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee & □	tatus &
Mailing Address: Street Address:	

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

FILED

VEHRNI Certs	LLC	2022 JUN 15 AM 11: 44
(Name of the Limited Liability (A Florida	Company as it now appear Limited Liability Company)	TALLAHASSEE, FI
The Articles of Organization for this Limited Liability Co	-	0132021 and assigned
Florida document number <u>L2100044694</u>	3	, ,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company he	<u>:re</u> :
VP+I2N LCGISTICS The new name must be distinguishable and contain the words "Limit	ed Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	<u> </u>	<del> </del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our r	ecords, <u>enter the name of the new registere</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flor	ida street address
	<u>.</u>	Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ago being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of ent as provided for in C	my duties, and I am familiar with and Thapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Remove
			□Change
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Filing Fee: \$25.00