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Y. SCOTT Y. SCOTT JAN 2 9

COVER LETTER

TO: Registration Se Division of Cor		٠		
VTN Truck	king_LLC	,		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		2022. SEC:
	Jaffa Nero			JAN 21 RETAR
	VTN Trucking LLC	Name of Person	, <u>-</u>	2022 JAN 24 PM 3: 16 SECRETARY OF STATE TALLAHASSEE, FL
		Firm/Company	·	FL : 16
	6870 103rd St apt 613			
		Address		,
	Jacksonville FL 32210			
	VTN Trucking LLC Ogr E-mail address: (City/State and Zip Code oai l. com to be used for future annual report notific	ration)	
For further information c	concerning this matter, please c	all:		
Jaffa Nero		843 304-2846 at ()		
Name o	of Person		l'elephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
<u>Mailing Addres</u> Registration : Division of C	Section	Street Address: Registration Sect Division of Corpo		
P.O. Box 632	•	The Centre of Ta		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VTN Trucking LLC	
(<u>Name of the Limited Liability Company as it</u> (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were dorida document number $\frac{L^{21000479143}}{L^{21000479143}}$.	filed on November 05,2021 and assigned
This amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability co	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	\$ECH TA
	AN 24 PH ETARY OF L/HASSE
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	TATE 16
3. If amending the registered agent and/or registered office addres	ss on our records, enter the name of the new regis
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida, Zin 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>	Type of Action
MGR	Jaffa Nero	6870 103rd St apt 613 Jacksonville, Fl 32210	= Add
			□Remove
			□Change
			🗆 Add
		SECF	
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	e date of filing:		o nal) r filing.) Pur	suant to 605,020
ote: If the date inserted in this becoment's effective date on the I	lock does not meet the applicable sta Department of State's records	tutory filing requirements, th	s date will	not be listed a
ecord specifies a delayed effecti	ve date, but not an effective time, at 1	2:01 a.m. on the earlier of: (1) The 90	th day after th
is filed.				
January 18	2022			
ited	··			
Short	Au Tus O Signature of a member or authorized re			