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Registration Section

TO:

TO: Registration S Division of Co		. · · · · · · · · · · · · · · · · · · ·	•
	ON GROUP TRUCKING LLC	•	•
SUBJECT:	Name of Lim	ited Liability Company	,
The constant desired and	· Non-malana and Good of a comb	naiorad Pan Clima	
	Amendment and fee(s) are sub	_	
Please return all correspo	ondence concerning this matter	to the following:	
		Alan Martinez	
		Name of Person	
		Simplex Group Inc	
		Firm/Company	
		7500 NW 52ND ST, Suite 100	ŗ
		Address	
		Miami FL 33166	27.0
		City/State and Zip Code	itication)
	newvisiongroup.compliance		
For further information of	r-mail address: (concerning this matter, please c	to be used for future annual report not all:	(meation)
Alan Martinez		305 5998287	
Name (of Person	Area Code Daytin	ne Telephone 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Addre		Street Address:	
Registration Section		Registration Se	
Division of Corporations P.O. Box 6327		Division of Col The Centre of T	
Tallahassee, FL 32314		2415 N. Monroe Street. Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEW VISION GROUP TRUCKING LLC

(<u>Name of the Limited Liability Cor</u> (A Florida Limi	npany as it now appears on our i ed Liability Company)	<u>(ecords.)</u>
The Articles of Organization for this Limited Liability Compa Florida document number <u>L22000332845</u>	any were filed on 07/27/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L.	iability 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,	<u> </u>	22
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered officagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street a	nddress
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent of being filed to merely reflect a change in the registered off company has been notified in writing of this change.	ete performance of my dutic as provided for in Chapter (es, and I am familiar with and 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, 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
AMBR	ALEXIS STEVE	6801 NW 25TH ST SUNRISE	
		SUNRISE, FL 33313	□Remove
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f an effective d <u>Note:</u> If the o	te, if other than the date of late is listed, the date must be speci date inserted in this block does iffective date on the Departmen	fic and cannot be prior to date anot meet the applicable s	(opti c of filing or more than 90 days after tatutory filing requirements, thi	filing.) Pursuant to 60:	5.0201 ted as
e record speci d is filed.	ifies a delayed effective date, b	ut not an effective time, at	t 12:01 a.m. on the earlier of: (b) The 90th day afte	er the
Dated	August 15th	2022			
	Signatur	e of a memor or althorized	representative of a member		
		Johny Versai	lles		
_		Typed or printed nam	ne of signee		

Filing Fee: \$25.00