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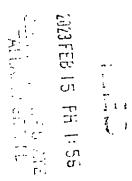
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COVER LETTER

TO:

	ion Section of Corporations	•	
	Fransport & Logistics LLC		
SUBJECT:	Name of	Limited Liability Company	-
The enclosed Artic	les of Amendment and fee(s) are	e submitted for filing.	
Please return all co	orrespondence concerning this ma	atter to the following:	
	Mariel Rodriguez		
		Name of Person	
	VC Transport & Logis	sties LLC	
		Firm/Company	
	1041 Winding Water V	Way	2323 FEB 15
		Address	<u> </u>
	Clermont, Fl. 34714		5
	# 	City/State and Zip Code	PH - :56
	mariel@vetransportlog		
		ess: (to be used for future annual report notification)	(i) (c)
For further informa	ation concerning this matter, plea	ase call:	
Mariel Rodriguez		407 867 -0973	
?	Name of Person	Area Code Daytime Telephone Numb	ber
Enclosed is a check	k for the following amount:		
■ \$25.00 Filing	Fee S30.00 Filing Fee & Certificate of Statu	is Certified Copy Certifi (additional copy is enclosed) Certifi	Filing Fee, cate of Status & ed Copy nat copy is enclosed)
	tion Section	Street Address: Registration Section	
Divisior P.O. Bo	of Corporations	Division of Corporations The Centre of Tallahassee	
	ssee, FL 32314	2415 N. Monroe Street, Suite	810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VC Transport & Logistics LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our records. ed Liability Company)	_)
The Articles of Organization for this Limited Liability Compa	ny were filed on February 10, 2023	and assigned
lorida document number L22000357119		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability 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)		2028
		5
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
-		
		The state of the s
3. If amending the registered agent and/or registered offic	e address on our records, <u>enter tl</u>	he name of the new regi
igent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
		rida
	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

Title	<u>Name</u>	Address	Type of Action
AMBR	Guadalupe Velazquez	9350 US HWY 192 Suite #103	□Add
		Clermont, Fl. 34714	≅ Remove
			□Change
			□ Add
			□Remove
			© DChange
			ERemove 5
			□Add
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fective date, if other than the date of filing:			(optio	nal)		
n effective date is listed, the date must be specific and cannot be prote: If the date inserted in this block does not meet the apportunent's effective date on the Department of State's recor	olicable statu					
ecord specifies a delayed effective date, but not an effective is filed.	e time, at 12	:01 a.m. on the	carlier of: (b)	The 90)th day a	ifter t
February 10 2023						
ted tebruary to tebruary to	•					

Typed or printed name of signee