Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000387967 3)))



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Tc:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX CONTROLLER INC

Account Number : I20210000142 Phone : (954)301-1848

Fax Number : (954)532-9458

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	
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### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ROLAND VIP TRANSPORTATION LLC

Certificate of Status	0
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### **COVER LETTER**

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	Registration Se Division of Cor			
SUBIEC		VIP TRANSPORTATION LL	С	
SUBJEC	.1;	Name of Lin	nited Liability Company	
The enclo	osed Articles of	Amendment and fcc(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		ROLAND PETERS		
			Name of Person	
		ROLAND VIP TRANSPO	ORTATION LLC	
			Pirm/Company	<del></del>
		19380 COLLINS AVE 90	4 B	
		<del>-</del>	Address	<del></del> :
		SUNNY ISLES BEACH.	FL 33160	
		<del> </del>	City/State and Zip Code	
		ROLAND_MIAMI@HOTI		
		E-mail address: (	to be used for future annual report not	ification)
For furthe	er information c	oncerning this matter, please o	all:	
ROLANI	D PETERS		786 420-7787	
	Name o	f Person		ne Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>≘</b> \$25.0	00 Filing Fcc	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fcc & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Ì	Mailing Addres Registration S Division of C	Section	Street Address: Registration Se Division of Co	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tailahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Zoho Sign Document ID: 2FC8D380-ZSSQOVH5GD0URSCLATLD4QWRXT7FRDLGYKNS7OLEDQ8

# ARTICLES OF AMENDMENT TO ((423000387967-3)))

## ARTICLES OF ORGANIZATION OF

ROLAND VIP TRANSPORTATION LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on 09/06/2022	and assigned
Florida document number L22000390007		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limite</u>	d liability company here:	
ROLAND VIP SERVICES LLC		
The new name must be distinguishable and contain the words "Limited	i Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
		· ·
Enter new mailing address, if applicable:		·
Mailing address MAY BE A POST OFFICE BOX)		
		<u></u>
		<del></del>
3. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da 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 Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((423000387967 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		·	□Remove
			Change
			□Add
			□ Remove
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E. Effect if an ef	tive date, if other than the date Tective date is listed, the date must be s	e of filing: pecific and cannot be prior	to date of filing or more than	(optional) 190 days after filing.) Pursuant to	605.0207 (3)(
Note:	If the date inserted in this block of	locs not meet the applies	able statutory filing requi	rements, this date will not be	listed as the
docum	nent's effective date on the Depart	ment of State 3 records.			
f the reco ecord is fi	rd specifies a delayed effective dut iled.	e, but not an effective ti	nc, at 12:01 a.m. on the	earlier of: (b) The 90th day	after the
Dated	NOVEMBER 2	2023	<u> </u>		
	X Poland Peters Sign				
	Χ ' ' ' ' ' '				

Typed or printed name of signee