## L2300088797

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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT: Vargas f		nited Liability Company		
	Name of the	med salomy company		
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Giselle Vargas			
		Name of Person		
	Vargas Freight Solu	ntions LLC		
		Firm/Company		
	34695 SW 213th A	.VE		
		Address	·	
	Homestead	FL 33034		
		City/State and Zip Code		
		1@icloud.com to be used for future annual report noti	itication)	
For further information c	concerning this matter, please c	·	canon,	
Giselle Vargas		at ( 786 ) 301-3927		
	of Person	Area Code Daytim	ne Telephone Number	
Enclosed is a check for the	he following amount:			
<b>№ \$</b> 25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address:	ution	
Registration Section Division of Corporations		<del>-</del>	Registration Section Division of Corporations	
P.O. Box 632	•	The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- Vargas Freight Solut	tions LLC	2024 F.E	3-5 Mi 7: 55
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appear ited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Com Florida document number	pany were filed on	02/17/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company he	<u>ere</u> :	
Vargas Ranch LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," the d	lesignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		···	
(Principal office address MUST <u>BE A STREET ADDRES</u>	<u></u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<del></del>		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our r	ecords, <u>enter the na</u>	me of the new registero
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	rida street address	
		. Florida	

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
		<del></del>	☐Change
			□Add
			Remove
			□Change
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			□Change
		<del></del>	□Add
			□Remove
			□Change

	. , ,
· <del>·</del> ···	
Note: If the	ate, if other than the date of filing:
ord is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	January: 29 2024
_	Signature of a flember or authorized representative of a member
	Giselle Vargas. Typed or printed narrow of signee