

L230002A546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

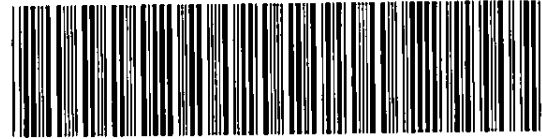
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J. HORNE

JUL 26 2024

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2024 JUL 25 10:09:15

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VINDEC TRANSPORT SERVICES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROVILSON PEREIRA

Name of Person

Firm/Company

5152 CONROY RD UNIT 1324

Address

Orlando, FL 32811

City/State and Zip Code

rovilsonvrena@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROVILSON PEREIRA

508 221-7717

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

VINDEC TRANSPORT SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2024 JUN 6 11:12:15

The Articles of Organization for this Limited Liability Company were filed on 06/02/2023 and assigned
Florida document number 1.23000269546.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

5152 CONROY RD UNIT 1324

ORLANDO, FL 32811

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ROVILSON PEREIRA

New Registered Office Address:

5152 CONROY RD, UNIT 1324

Enter Florida street address

ORLANDO

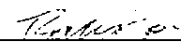
City

Florida 32811

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

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>	<u>Type of Action</u>
AMBR	ROVILSON PEREIRA	5152 CONROY RD UNIT 1324	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32811	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DECIO DOLINE	10233 FOLLY BEACH RD	<input type="checkbox"/> Add
		Orlando, FL 32827	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VINIVICIUS CASTRO FERNANI	305 SE EDGEWAY DR APT 213	<input type="checkbox"/> Add
		BEAVERTON, OR 97006	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JULY 25, 2024

ROVILSON PEREIRA

Typed or printed name of signee