L23000397240

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: <u>VETER</u> A	ANS EXPRESS CARGO Name of Lim), LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Corpor	ate Maintenance Lea	ad
		Name of Person	
	Proc	essing Department	
	4		
		450 Vassar St	
		D NIV 00500	
	 	Reno, NV 89502 City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	concerning this matter, please co	ıll:	
Process	ing Department	at , 800 , 638-2320	
Name o	rf Person	Area Code Daytime	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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

• . • . .

TO:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VETERANS EXPRESS CARGO, LLC

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

The Articles of Organization for this Limited Liability C	Company were filed on 08/23/23 and assigned
Florida document number L23000397240	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lim	nited 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 ADDR	RESS)
	de Elle
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u>ي ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `</u>
	0.
	
	stered office address on our records, <u>enter the name of t</u> dress here:
Name of New Registered Agent:	
registered agent and/or the new registered office add	
registered agent and/or the new registered office add Name of New Registered Agent:	Iress here:

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>	Type of Action
MGR	Jeffrey Mercado	12049 Pioneers Way Apt 2226	🗹 Add
		Orlando, FL 32822	Remove
			Change
			□ Remove
			Change
			Remove
			Change
	-		□ Add
			□ Remove
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			Remove
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				-	
Note: If the	date inserted in this bloc	e checime inite comment as here	icable statutory filing re	(optional) than 90 days after filing.) Pursua equirements, this date will no	
	specifies a delayed of day after the recor		ot an effective tim	e, at 12:01 a.m. on the	e earlier of:
Dated	10/27	. 2023			
		Our to	nesdo		
Dated	10/27		nuedo		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00