

L23000440544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

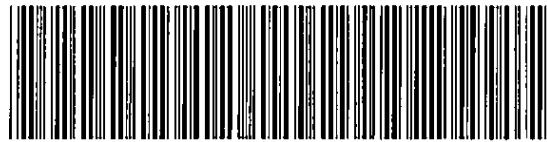
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/1/2023 1014-024 \$60.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

2023 NOV - 2 PM 3:12

Y. SCOTT
NOV - 2 2023



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 21, 2023

CRISTHIAM PAOLA SANDOVAL
5912 SW 149TH AVE.
MIAMI, FL 33193

SUBJECT: VXPS LOGISTICS LLC
Ref. Number: L23000440544

We have received your document for VXPS LOGISTICS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE ADD ADDREESS TO OFFICERS NAME!

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott
Supervisor

Letter Number: 423A00024513

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VXPS LOGISTICS, 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:

CRISTHIAN PAOLA SANDOVAL

Name of Person

VXPS LOGISTICS LLC

Firm/Company

Address

5912 SW 149TH AVE

City/State and Zip Code

MIAMI, FL 33193

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

For further information concerning this matter, please call:

CRISTHIAN PAOLA SANDOVAL

Name of Person

305 3457186

at () Area Code

Daytime Telephone Number

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Enclosed is a check for the following amount:

<input type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input checked="" type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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

VXPS LOGISTICS 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 Company were filed on 09/21/23 and assigned Florida document number L23000440544

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)

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: _____

New Registered Office Address: _____

Enter Florida street address

_____ **Florida** _____
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 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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	CRISTHIAN P SANDOVAL	5912 SW 149TH AVE MIAMI FL 33193	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>MGR</u>	OSNIEL SANCHEZ	3074 NW 48 th Terrace Miami FL	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>MGR</u>	XIOMARA HINCAPIE	11472 SW 4 th Street Miami FL	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			2623 NOV-2 PH B:12
			<input type="checkbox"/> Add <input 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 <input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I AM THE OWNER OF VXP LOGISTICS LLC WENT TO BANK AND WAS CLARIFIED THAT MY DAUGHTER IS THE ONLY ONE AS A MANAGER WHEN OPENED LLC I DID IT INCORRECTLY I DID NOT ADD MYSELF NOW I AM ADDING MYSELF AND OTHER TWO MEMBERS

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CORPORATION
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E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 OCTOBER 07 2023

Victoria Manzanares

Signature of a member or authorized representative of a member

VICTORIA PAOLA MANZANARES AND CRISTHIAN PAOLA SANDOVAL

Typed or printed name of signee