

L23000440544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

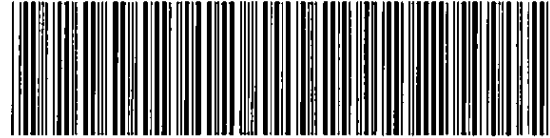
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
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 ADDRESS 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:

CRISTHIAM 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)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2023 NOV -2 PM 3:12

For further information concerning this matter, please call:

CRISTHIAM PAOLA SANDOVAL

305 3457186

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

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>
<u>MGR</u>	<u>CRISTHIAN P SANDOVAL</u>	<u>5912 SW 149TH AVE MIAMI FL 33193</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>OSNIEL SANCHEZ</u>	<u>3074 NW 48th Terrace MIAMI FL 33142</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>XIOMARA HINCAPIE</u>	<u>11472 SW 4th Street MIAMI FL 33174</u>	<input checked="" 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

FILED
CLERK OF DISTRICT COURT
2023 NOV -2 PM 3:12
Change
Add
Remove
Change

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

I AM THE OWNER OF VNPS 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2023 NOV + 2 PM 3:12

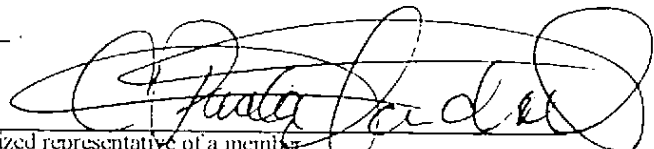
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 CRISTHEAM PAOLA SANDOVAL

Typed or printed name of signee