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COVER LETTER

TO: Registration Se Division of Cor			
	NSPORT SERVICE LLC		
3000ECT.	Name of Lim	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:	
	VICTOR JESUS VICTOR	ES MONDEJAR	
		Name of Person	
	V&L TRANSPORT SERV	/ICE LLC	
		Firm/Company	
	1714 DEAUVILLE DR		
		Address	
	TAMPA, FL 33619		
	VVICTORES3@GMAIL.C	City/State and Zip Code	
	• •	to be used for future annual report notif	ication)
For further information e	oncerning this matter, please ca	all:	
VICTOR JESUS VICTO	DRES MONDEJAR	813 300-7190	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	

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

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.

V&L TRANSPORT SERVICE LLC

(Name of the Limited Liability	Company	as it now a	appears on	our records.)
(A Closida	imital Light	ility Came	Same)	,

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \(\frac{04/04/2024}{2024} \) and assigned Florida document number [1.24000161454] 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." 1714 DEAUVILLE DR Enter new principal offices address, if applicable: TAMPA, FL 33619 (Principal office address MUST BE A STREET ADDRESS) 1714 DEAUVILLE DR Enter new mailing address, if applicable: TAMPA, FL 33619 (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: VICTOR JESUS VICTORES MONDEJAR Name of New Registered Agent: 1714 DEAUVILLE DR New Registered Office Address: Enter Florida street address . Florida 33619 Zip Code TAMPA

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.

City

1/2/2 - 1/2/2

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>	Address	Type of Action
MGR	LORETA SUAREZ VALDES	210 BRYAN RD STE 101 BRANDON, FL 33511	🗆 Add
	self.		≡ Remove
			□Change
			□Remove
			⊡Change
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ffective date is listed, the fif the date inserted in	nan the date of filing date must be specific and in this block does not n on the Department of S	f cannot be prior to c	date of filing or me e statutory filing	e than 90 days after requirements, this	onal) filing.) Pursuant to 605,026 date will not be listed a
ord specifies a delayed filed.	effective date, but not	an effective time	, at 12:01 a.m. o	i the carlier of: (b)	The 90th day after the
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