

L24 000 140 409

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

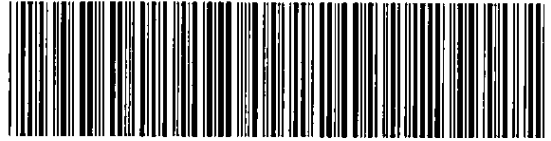
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 MAY 14 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VT EQUIPMENT SERVICE 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:

Victor M Camilo

Name of Person

VT EQUIPMENT SERVICE LLC

Firm/Company

368 PROGRESS AVE

Address

Lehigh Acres 33971

City/State and Zip Code

vtequipserivce@gmail.com

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

For further information concerning this matter, please call:

Victor M Camilo

239 841-1786

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**

VT EQUIPMENT SERVICE 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 4/23/2024

Florida document number 1.24000190409

This amendment is submitted to amend the following:

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

VT EQUIPMENT SERVICE LLC

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:

368 PROGRESS AVE LEHIGH ACRES, FL 33974

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

368 PROGRESS AVE LEHIGH ACRES, FL 33974

(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:

368 PROGRESS AVE

Enter Florida street address

LEHIGH ACRES

Florida 33974

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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2024 MAY 24 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FL

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

Dated 5/1/2024 2024

VICTOR M CAMILO

Filing Fee: \$25.00

Florida

DRIVER LICENSE



ADLN C540-873-89-081-0

FLORIDA



1 CAMILO
2 VICTOR M
3 358 PROGRESS AVE
4 LEHIGH ACRES, FL 33974-2819
5 DOB 03/01/1989 SEX M
6 EXP 03/01/2031 HGT 5-08"
7 REST B END NONE

02/21/2023

500 8882382210050



Operation of a motor vehicle requires
consent to any sobriety test required by law.

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