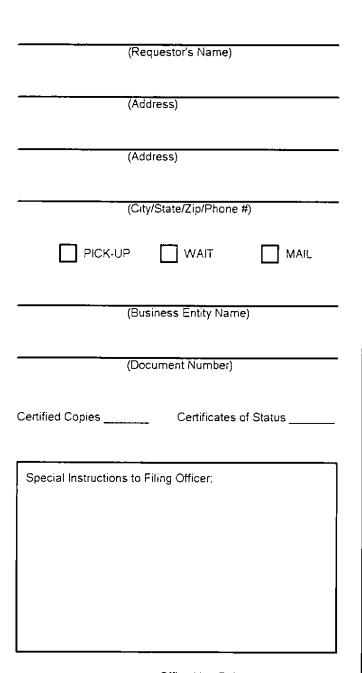
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Office Use Only



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COVER LETTER

TO:

	Registration Solvision of Col					
SUBJEC	VT EQIUPMENT SERVICE LLC					
SUBJEC	1: Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		Victor M Camilo				
			Name of Person			
		VT EQIUPMENT SERVI	CE 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 not	tification)		
For furth	er information of	concerning this matter, please c	all:			
Victor M	I Camilo		239 841-1786 at ()			
	Name o	f Person		ne 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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres		Street Address: Registration Se	ection		
	Division of C		Division of Co			
	P.O. Box 632	27	The Centre of	Tallahassee		
	Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VT EQIUPMENT SERVICE LLC				s 🕿	
(Name of the Lim	ited Liability Compan (A Florida Limited Li	y as it now appears (on our records.)	75 Z	
	(1) I TOTICAL ENTITION EL	Bonny Company?			77
The Articles of Organization for this Limited L	iability Company v	vere filed on 4/23/	2024	SECRETALLY OF	issigned
Florida document number 1.24000190409				Y S	اسما ب
Tronda document namoer	 .			*****	Ш
This amendment is submitted to amend the fol	lowing:			Y OF STATASSEE. FL	\cup
A. If amending name, enter the new name of	of the limited liabil	ity company hore	a •	37	
-	or the minited habii	ity company nero	-*		
VT EQUIPMENT SERVICE LLC					
The new name must be distinguishable and contain the	words "Limited Liabilit	ty Company," the desi	ignation "LLC" or	the abbreviation	*L.L.C."
Enter new principal offices address, if appli	cable:	368 PROGRESS A	AVE LEHIGH A	CRES, FL 3397	74
(Principal office address MUST BE A STRE	ET ADDRESS)				
		-			
		368 PROGRESS A	AVELEUICU A	CDEC EL 3301	7.4
Enter new mailing address, if applicable:		300 T KOXJKI.33 7			
(Mailing address MAY BE A POST OFFICE	BOX)				
B. If amending the registered agent and/or		idress on our rec	ords, <u>enter the</u>	name of the n	iew registered
agent and/or the new registered office addre	ess here:				
Name of New Registered Agent:					
N. B. (100	368 PROGRESS	AVF			
New Registered Office Address:			a street address		
	LEHICHACEE			11074	
	LEHIGH ACRES		, Florid		<u> </u>
		City		Zip Coa	i c

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

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	Victor M Camilo	368 PROGRESS AVE LEHIGH ACRES, FL 33974	□Add
			⊡Remove
			🖃 Change
			□Add
			□Remove
			□Change
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Frective date, if other than the date of filing: (optional) 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 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to becoment's effective date on the Department of State's records. The effective date and effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed. Signature of a number of all horized representative of a member.			,				, 	· · · · · · · · · · · · · · · · · · ·
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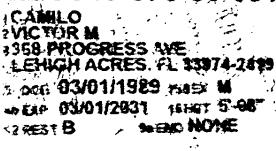
Filing Fee: \$25.00



DRIVER LICENSE



MOLA C540-873-89-081-012



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