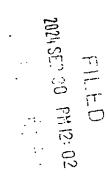


(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	
Special Instructions to Filips Officer	\neg
Special Instructions to Filing Officer.	
1.1100	
J. HORNE	
OCT - 1 2024	









2330 CLARE DRIVE	. INC
TALLAHASSEE, FL 32309	<i>y</i>
(850) 524-54372	•
(850) 524-6243	
Please use funds from the account 1202	210000160: _\$25.00
Authorization Signature:	1 24000207842
L21000389247	224000207042
_ :	
Business	Document #
Walk in	Will wait
Certified Copy of the filing	
Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit	X Amendment
Not for Profit	_ Resignation of R.A. Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
INC	Conversion
CORP	Statement of Correction.
OTHER	Merger
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Annual Report	Foreign Filing
	Partnership
Fictitious Name	Reinstatement
Caraca and a C.A. al	CORRECTION for a Foreign LLC
Statement of Authority	Domestication of a Foreign Corp.
APOSTIL	boniestication of a Foreign Corp.
COUNTRY	Other
EXAMINER'S INITIALS:	

2330 CLARE DRIVE	
TALLAHASSEE, FL 32309	
(850) 524-54372	
(850) 524-6243	
(830) 324-0243	
Please use funds from the account I203 Authorization Signature:	-
VSM TIGER TRANSPORTATION LLC	L24000207842
L21000389247	
Business	Document #
Walk in	Will wait
Certified Copy of the filing	
Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit	X Amendment
Not for Profit	Resignation of R.A. Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
INC	Conversion
CORP	Statement of Correction.
OTHER	Merger
OTHER	iviciget
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Annual Report	Foreign Filing
	Partnership
Fictitious Name	Reinstatement
	CORRECTION for a Foreign LLC
Statement of Authority	
	Domestication of a Foreign Corp.
APOSTIL	boinestication of a Loreign corp.
COUNTRY	Oak a m
COUNTRY	Other
EXAMINER'S INITIALS:	

* FLORIDA CAPITAL COURIER SERVICES, INC

	Registration Se Division of Co.					
61:D107		ER TRANSPORTATION LLC				
SUBJEC	.1:	Name of Lim	ited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for tiling.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		STANISLAV VOITSEKHOVSKYI				
			Name of Person			
		 	Firm/Company			
		2715 Via Capri unit 735				
			Address			
		Clearwater, Florida 33764				
			City/State and Zip Code			
		s.voitsekhovsky21@icloud.				
For furth	er information o	E-mail address: (concerning this matter, please c	to be used for future annual report	notification)		
STANIS	LAV VOITSEF	KHOVSKYI	863 245-4782 at ()			
	Name (of Person	Area Code Day	vtime Telephone Number		
Enclosed	l is a check for t	he following amount:				
■ \$25.	00 Filing Fee	S30.00 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		Street Address Registration			
	Division of C	Corporations	Division of C			
	P.O. Box 632			of Tallahassee		
	Tallahassee.	FL 32314	2415 N. Mor	rroe Street, Suite 810		

Tallahassee, FL 32303

Docusign Envelope ID: /D5ABA8A-FDCE-4F85-953F-9DCF12DB491/

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VSM TIGER TRANSPORTATION	FLLC	102 A.
(Name of the Limite	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Li Florida document number 1.24000207842		and assigned 14
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	,
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>	
B. If amending the registered agent and/or reagent and/or the new registered office addres	egistered office address on our records, <u>enter th</u> s here:	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	
	City	Zip Code
New Registered Agent's Signature, if changing R	legistered 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

Docusign Envelope ID: /USABASA-FDCE-4F85-953F-9DCF12D8491/
• 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>	Type of Action
MGR	Illia Voitsekhovskyi	2715 Via Capri unit 735	= Add
		Clearwater, Florida 33764	□Remove
			□Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		·	Remove
			CiChange

If amend	ling any other information	, enter change(s) here:	(Attach additional she	ets, if necessary.)	
					_
	<u> </u>				
					
					
					
	•				
		· · · · · · · · · · · · · · · · · · ·			<u> </u>
					_
(If an effecti Note: If	date, if other than the date ive date is listed, the date must be sthe date inserted in this block of	specific and cannot be prior to does not meet the applicab			
document	t's effective date on the Depart	iment of State's records.			
ne record s ord is tiled	pecifies a delayed effective dat	e, but not an effective time	e, at 12:01 a.m. on the ec	arlier of: (b) The 90th day a	after the
Dated	ptember 24	2024	··		
	Signed by:				
	43E8786B9FFD4AC Sign	tature of a member or authori.	zed representative of a men	iber	
	Stanisłav Voitsekhovskyi, M	IBR			
		Typed or printed	name of signee	· · · · · · · · · · · · · · · · · · ·	

Filing Fee: \$25.00