

L24000207842

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

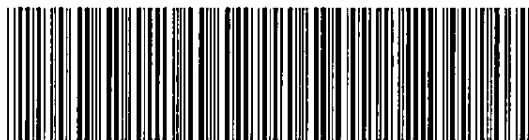
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J. HORNE  
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2024 SEP 30 PM 8:49

FLORIDA/CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account I20210000160: \_\$25.00\_\_\_\_

Authorization Signature: \_\_\_\_\_

VSM TIGER TRANSPORTATION LLC L24000207842  
L21000389247

Business

Document #

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\_\_\_ Certified Copy of the filing

\_\_\_ Certificate of Status

**NEW FILINGS**

\_\_\_ Profit  
\_\_\_ Not for Profit  
\_\_\_ Limited Liability  
\_\_\_ Domestication  
\_\_\_ INC  
\_\_\_ CORP  
\_\_\_ OTHER

**AMENDMENTS**

\_\_X\_\_ Amendment  
\_\_\_ Resignation of R.A. Officer/Director  
\_\_\_ Change of Registered Agent  
\_\_\_ Dissolution/Withdrawal  
\_\_\_ Conversion  
\_\_\_ Statement of Correction.  
\_\_\_ Merger

**OTHER FILINGS**

\_\_\_ Annual Report  
\_\_\_ Fictitious Name  
\_\_\_ Statement of Authority  
\_\_\_ APOSTIL \_\_\_\_\_

**COUNTRY**

**REGISTRATION/QUALIFICATIONS**

\_\_\_ Foreign Filing  
\_\_\_ Partnership  
\_\_\_ Reinstatement  
\_\_\_ CORRECTION for a Foreign LLC  
\_\_\_ Domestication of a Foreign Corp.  
\_\_\_ Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account I20210000160: \_\$25.00\_\_\_\_

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COUNTRY

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** VSM TIGER TRANSPORTATION 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:

STANISLAV VOITSEKHOVSKYI

Name of Person

Firm/Company

2715 Via Capri unit 735

Address

Clearwater, Florida 33764

City/State and Zip Code

s.voitsekhovsky21@icloud.com

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

For further information concerning this matter, please call:

STANISLAV VOITSEKHOVSKYI

863 245-4782  
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



**AMBR = Authorized Member**

[illegible]

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

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.

**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 September 24, 2024

Signed by:   
43E8786B9FFD4AC

Signature of a member or authorized representative of a member

Stanislav Voitsekhovskiy, MBR

Typed or printed name of signee

**Filing Fee: \$25.00**