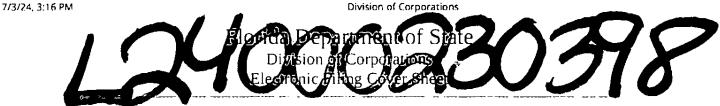
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803 : (813)436-5206

Fax Number

the email address for this business entity to be used for future 🧲 ່ ລຸກຖືບal report mailings. Enter only one email address please.** Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WATE VIP TRANSPORT LLC

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10L 08 2024

7/3/2024 12.18:54 PD.T , To: 18506176383 Page: 2/4 Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WATE VIP TRANSPORT LLC		• '4
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Tability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L24000230398	were filed on 05/17/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	liity company here:	
The new name must be distinguishable and contain the words "Limited Liabi	En Commun. What declaration will Comm	the abbening of L.C."
<u>-</u>	my Company. The designation (E.C. of	me abbreviation L.E.C.
Enter new principal offices address, if applicable:		CA
(Principal office address MUST BE A STREET ADDRESS)		10
		024
Enter new mailing address, if applicable:		2 1, 5
(Mailing address MAY BE A POST OFFICE BOX)		· - [1]
		= 0
		6 9
B. If amending the registered agent and/or registered office a	address on our records, <u>enter the</u>	name of the new registe
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	la
	Cuts	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.

7/3/2024 12:18:54 PDT To. 18506176383 Page: 3/4

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Fax: 8134365206

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	AMADOR, VICTOR	7901 4TH ST N STE 300	
		ST. PETERSBURG, FL 33702	X IRemove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			Remove
			(TChange
			□Remove
			Change
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			LJRemove
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/3/2024 12:18:54 PDT	To: 18506176383	Page: 4/4	Fax: 8134365206

			
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Note: If the date inserted in the	the date of filing: te must be specific and cannot be prior to d his block does not meet the applicable the Department of State's records.	(optional) ate of filing or more than 90 days after filing.) Pursuant statutory filing requirements, this date will not be	to 605.0207 (3)(be listed as the
If the record specifies a delayed ef- record is filed.	fective date, but not an effective time,	at 12:01 a.m. on the earlier of: (b). The 90th da	iy after the
Dated	2024		
	Signature of a member or authorize		

Typed or printed name of signee