

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000210660 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FASTKIT CORP

Account Number : 120100000000

Phone : (305)599-0839 Fax Number : (305)592-9591

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email A	\ddress:			
---------	----------	--	--	--

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

VAD LOGISTICS LLC

Certificate of Status	0
Certified Copy	0
Page Count 03	
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help. LEMIEUX JUN 18 2024

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF '

neany as it now appears on our records)  and Liability Company)  any were filed on 01/13/2022 and assigned  lability company here:  LLC  lability Company," the designation "LLC" or the abbreviation "L.L.C."
lability company here:  LLC    Solid   Company," the designation "LLC" or the abbreviation "L.L.C."
LLC  ability Company," the designation "LLC" or the abbreviation "L.L.C."
LLC  ability Company," the designation "LLC" or the abbreviation "L.L.C."
LLC  ability Company," the designation "LLC" or the abbreviation "L.L.C."
ability Company," the designation "LLC" or the abbreviation "L.L.C."
ce address on our records, enter the name of the new reg
70.000 R
Enter Florida streat address
City Florida Zip Code
10 m
agree to act in this capacity. I further agree to emply we see performance of my duties, and I am familiar with an as provided for in Chapter 605, F.S. Or, if this documentice address, I hereby confirm that the limited liability
hauging Registered Agent, <u>Strantury of New Registered Agent</u>

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

•	Title	<u>Name</u>	Address	Type of Action
				□Add
	• •			□Remove
				☐ Remove
				☐ Change
p= 4:_1,				
				□Remove
	· ·			□ Change
	<del></del>			□Aôd
				□Remove
				☐ Change
				□Add
HTF1at	••			□Remove
				□ Chenge
	্য			Cladd
				□Remove
			<u> </u>	் கோழ்

## Page 2 of 3

			<del>, , , , , , , , , , , , , , , , , , , </del>
	<del></del>		
	<del></del>		
		,,	
<del></del>		<del></del>	
			<del></del>
If the data inserted in this burnent's effective date on the I	slock does not meet the applies Department of State's records. and effective date, but not	ble statutory filing requi	(optional) 90 days after filing.) Pursuant to 603.6 rements, this date will not be listed at 12:01 a.m. on the earlie.
JUNE 14	2024		
xd	·	<del></del> '	
X 121-	Signature of a member or nucleo	rized representative of a me	ar per
	PHILIPPE DE	ON TOD V	

Filing Fee: \$25.00