

(H220002838783)

**L220002838783**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : SICONT ENTERPRISES OF AMERICA INC  
Account Number : I20160000041  
Phone : (407)443-8973  
Fax Number : (407)930-2626

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

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TRANSVICTORIA LOGISTIC LLC

Certificate of Status	0
Certified Copy	0
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2022 AUG 22 10:44:55

STATE OF FLORIDA

2022 AUG 22 PM 1:50

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Help T. LEMIEUX  
AUG 23 2022

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TRANSVICTORIA LOGISTIC 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:

DESIREE TORRES

\_\_\_\_\_  
Name of Person

SICONT ENTERPRISES OF AMERICA INC

\_\_\_\_\_  
Firm/Company

13550 VILLAGE PARK DR STE 255

\_\_\_\_\_  
Address

ORLANDO, FL 32837

\_\_\_\_\_  
City/State and Zip Code

SUNBIZ.SICONT@HOTMAIL.COM

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

For further information concerning this matter, please call:

DESIREE TORRES

407

443-8973

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

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

TRANSVICTORIA LOGISTIC LLC

(Name of the Limited Liability Company as it now appears on our records;  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/25/2022 and assigned  
Florida document number L22000226173.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: \_\_\_\_\_  
*(Principal office address MUST BE A STREET ADDRESS)* \_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_  
*(Mailing address MAY BE A POST OFFICE BOX)* \_\_\_\_\_  
\_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_  
*Enter Florida street address*  
\_\_\_\_\_, Florida  
*City* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

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STATE OF FLORIDA  
TALLAHASSEE

**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

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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>	<u>Type of Action</u>
AMBR	DILIA JOSELIN MORALES VASQUEZ	2937 AQUA VIRGO LOOP, ORLANDO FL 32837	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Lined area for amending information.

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 AUGUST 22ND 2022

Handwritten signature

Signature of a member or authorized representative of a member

EMELYN JHOAN PICCININI MORALES

Typed or printed name of signer

Filing Fee: \$25.00

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